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THE CHRONIC DRUNKENNESS OFFENDER

CHAPTER XI

DRINKING HISTORY

Gus Oki

Project Director: P. J. Giffen
Editor: S. Lambert

Project 52
Substudy 2 - 11 & 24 & 16 - 70

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Alcoholism and Drug Addiction
Research Foundation
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CHAPTER XI

DRINKING HISTORY

Although the police and the courts and the jail all play their parts, however unconsciously, in the revolving door cycle in which the chronic drunkenness offender is caught up, it is ultimately his drinking, and his particular way of drinking, which sets the door in motion.

That there is something unique to the chronic offenders' drinking habits, past and present, is borne out by the fact that there are an estimated 91,000 alcoholics in Ontario who are not chronic drunkenness offenders as opposed to 9,000 who are. Since our eventual purpose is to disrupt the revolving door cycle, we hope by studying the drinking habits and the drinking history of the C.D.O. to find some factor which might indicate why, or at what stage, the C.D.O. began the downward drift which ended in Skid Row.

In this chapter we will begin by examining the chronic offender's contemporary drinking behaviour to see if there is a specific discernible pattern which establishes him as a C.D.O. and which can be tied in functionally with other aspects of his life as a Skid Row drunk. The most obvious and significant way (and the chief raison d'etre of this study) is the constant interruption of drinking sprees by jail sentences.

It is a drink-be jailed-drink pattern. Since we know that 97 per cent of chronic offenders are also Skid Row habitués, we would expect the drinking itself to exhibit a certain pattern in keeping with the values and customs of the Skid Row sub-culture. Also, the economic and social position which is consonant with membership in Skid Row should affect what the men drink, where they drink it and with whom; the beverage must be inexpensive, as must the places in which the men live and drink.

Aspects not necessarily connected with Skid Row but which might be typical of chronic offenders' drinking are how they drink, whether in sprees or at a constant level, and if in sprees, how long they last. Since C.D.O.s work only sporadically and usually for short periods, we might expect their drinking bouts to be of longer duration than alcoholics with regular jobs.

A further significant aspect is their attitude towards their drinking. Does it differ from the attitude of excessive drinkers in other levels of society? Do they feel, for instance, any guilt about the time and money spent on drinking, and do they associate it with their present way of life? If, in both cases, the answer were no, even presuming they were to express dissatisfaction with their present mode of living, then we could see a further patterning in terms of motivation which might be unique to the C.D.O.

We will then review the drinking history of the chronic drunkenness offender, again to look for a pattern of development.

First we will check to see if the C.D.O. exhibits the various generally acknowledged symptoms of the alcoholic. The onset of these symptoms or stages in the alcoholic career can be located fairly accurately in time and therefore we can examine them in relation to the C.D.O.'s social surroundings and history. Following that, we will examine the initial encounter with alcohol to see if, for example, the chronic offender is likely to have had his first drink of liquor at an earlier age than most members of the drinking public.

Finally, the family and community in which the person was brought up will be examined from the standpoint of the prevailing atmosphere regarding drinking. Was the individual brought up in an atmosphere of permissiveness? Did he have the example before him of drinking on the part of his parents and other members of his family? This may help us to ascertain whether the person were a deviant in his family and community setting, rebelling against the prevailing mores, or whether in his drinking he were conforming to an accepted behaviour pattern.

The bulk of our data was obtained through interviews with 231 male chronic drunkenness offenders incarcerated in the Don Jail with supporting information from documented sources in clinics, hospitals, and jails, and from participant observation.

CURRENT DRINKING BEHAVIOUR

Type of Beverage

When we look at the type of alcoholic beverage which the men in our sample drink, we find that the beverage they prefer, or say they prefer, is quite different from the beverage they say they actually drink. This in turn differs considerably from what they do in fact drink[1] (Table XI-1).

TABLE XI - 1

BEVERAGE OF CHOICE AND CONSUMPTION

Beverage	Preferred		Consumed (stated)		Consumed (actual)		Consumed (last spree)	
	N	%	N	%	N	%	N	%
Wine, only or mainly	62	26.8	133	57.5	173	74.9	112	48.5
Beer, only or mainly No wine	51	22.1	17	7.4	17	7.4	64	27.7
Liquor, only or mainly No wine	81	35.1	-	-	1	.4	8	3.5
Beer and wine	15	6.5	74	32.0	35	15.2	40	17.3
Liquor and wine	21	9.1	7	3.1	1	.4	1	.4
N.A.	1	.4	-	-	4	1.7	6	2.6
Total	231	100.0	231	100.0	231	100.0	231	100.0

Eighty-one men state that they prefer to drink hard liquor and no wine, yet only one of them actually drinks liquor only. Fifty-one prefer beer, although only a third of them (17)

---

[1] Based on assessment of accumulated evidence including clinic records, field observations, other interview information and information from drinking associates.

actually drink it. On the other hand, less than half (only 62) of the 173 men who actually consume wine, state it as their preferred beverage. The large number who claim to have had only beer (27.7%) or mainly beer (17.3%) on their last spree is also inconsistent with what we know of their drinking behaviour. The 'mainly beer, plus wine' group is partly explicable on the basis of distortion of proportions, but it is difficult to explain the number claiming to have drunk beer only, other than as an outright fabrication.

Why don't they drink liquor if they prefer it? The obvious practical reason is that it is much more difficult to raise the money for a bottle of liquor than for a bottle of wine. A more accurate reason, however, is that they do not in reality prefer it: most men, we know from observation, will choose wine over hard liquor even when liquor is available. An explanation for this discrepancy between the expressed and actual preference may be that the men wish to preserve an image of themselves as liquor or even beer drinkers which places them in their own eyes in a class above the wine drinkers. For the same reason a large proportion of the men refuse to see themselves as winos, even to the extent of denying they drink wine.[2]

Probably the most important (though expected) finding regarding the type of beverage consumed is the overwhelming use of wine, mainly a sweet fortified native sherry.[3] The practice of drinking cheap wine as the main beverage is characteristic of Skid Row drinking in both the U.S.A. (Table XI - 2) and Canada (with isolated exceptions).[4]

---

[2] It has been observed that even a confirmed "wino", in the event of a large windfall of money, may go on a liquor spree, but this is a rare occurrence.

[3] All of the domestic (provincial) wineries manufacture one or more brands of this beverage which is not only fortified but is the lowest priced.

[4] For example, the excessive or disproportionate consumption of rubbing alcohol in Winnipeg, or hair tonic and shaving lotion in Vancouver.

The explanation for the establishment and perpetuation of this pattern of wine drinking involves more than practical considerations of money, although undoubtedly economics plays a part for this wine is the cheapest legal form of beverage alcohol available. The Ontario sherries by law must contain more than 14 per cent alcohol.[5] This means the purchaser gets at least 4.85 ounces of pure alcohol per dollar. In actual fact, the average content is 18 to 20 per cent and therefore works out closer to 6 ounces pure alcohol per dollar. This compares with around 3.5 ounces for beer and 2.5 ounces per dollar for the less expensive liquors and brandies.

Although most chronic offenders consume beer in varying amounts at different times, it cannot be the main beverage consumed for a number of reasons. First, it does not have a high enough alcoholic content for this type of drinker except when he is starting out or "coasting".[6] He will reject beer in favour of anything stronger, even non-beverage alcohol, when he is suffering from withdrawal. Secondly, he usually has no residence of his own and therefore drinks beer in a licenced beverage room where certain standards of conduct must be maintained.[7]

A bottle of wine, then, is easier to come by than a bottle of liquor, particularly if the money for it is being panhandled - and it seems to contain the right amount of alcohol for these drinkers. Also, since almost all chronic drunkenness offenders are social drinkers and 'sharing' is an important custom among them, the newcomer, if he wants to drink, drinks wine. Hence, the wine-drinking pattern becomes self-perpetuating.

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[5] Regulations made under the Liquor Control Act, Chapter 217, Regulations 465, Revised Statutes of Ontario, 1960.

[6] Occasionally some of the men will sit in a beverage room (typically in the afternoon or early evening) and content themselves with beer, but only for a limited period of time.

[7] Observations indicate that many if not most C.D.O.s are "cut off" in most of the drinking places in their district.

Beyond the economic and social aspects of wine as the most common beverage, various unconscious motives might be postulated. For example, most of these men exhibit passive, childlike characteristics, suggesting that swigging wine from a bottle may give them a certain necessary oral gratification.

Comparison with Other Alcoholic Populations

Table XI-2 presents a comparison of different alcoholic populations with respect to alcoholic beverage. The Pittman and Gordon sample is most similar to our own chronic drunkenness offender group and this is supported with respect to beverage choice.

TABLE XI - 2

BEVERAGE PREFERENCE OF SELECTED POPULATIONS

(Percentages)

Beverage	Population			
	Pittman and Gordon[a]	Terry et al.[b]	Devrient and Lolli[c]	C.D.O.[d]
Wine	36.8	16.2	40.2	27.0
Beer	25.9	19.6	32.8	28.7
Spirits	37.3	64.2	27.0	44.3
Total	(185)	(517)	(214)	(230)

$X^2 = 80.02$, 6 d.f., $P<.001$

[a] Males incarcerated in Monroe County Penitentiary during 1953-54 for at least their second public intoxication offence.

[b] 491 men and 40 women committed to the Santa Rita (California) Centre for treatment of alcoholism during 1952-53.

[c] Non-institutionalized alcohol addicts interviewed in their habitual surroundings - mostly saloons - in 1960.

[d] This study population - 1960-61.

Characteristics of Wine Drinkers

In our chronic drunkenness offender sample, the group which drink mainly or only wine has the highest mean age (48.0 years). The small group of 17 men who drink beer only (7.5% of the total) has the lowest mean age (41.2 years), and the wine and beer and/or liquor drinking group has a mean age of 44.7 years. The older the men are, the more they tend to be integrated into the Skid Row C.D.O. way of life and therefore the more likely they are to follow the pattern of drinking wine. Following upon this, we find that the longer a person has been drinking heavily, the more likely he is to be a wine drinker ($p<.05$), (Appendix I-a), and the longer he has been a morning drinker the more likely he is to drink wine ($p<.001$), (Appendix I-b).

There are other characteristics peculiar to the wine drinkers in our sample. We find that they are much less able to control the amount they consume - that is, to stop drinking once they have started - than are the beer drinkers (Appendix I-c). An explanation, apart from the one that beer drinkers tend to be younger, and therefore less deeply involved in other alcoholic symptoms, is that beer drinkers may not absorb enough alcohol in the course of an afternoon or evening in the pub to reach the level which precipitates the inability to control consumption.

With respect to the inability to abstain from drinking, we find no difference in relation to type of beverage. The beer drinking group is as likely to be unable to abstain as the wine drinkers and also to have just as short or long periods of abstinence as the wine drinkers. Actually, since winos are further along in the whole progression, we would have expected them to display shorter periods of abstinence. Since this is not the case we can only postulate a third unknown variable which neutralizes the relationship (for instance, the smaller price of a glass of beer compared to the price of a bottle of wine may make for shorter abstinence periods of beer drinkers).

Drinking Places.- We were able to establish where the chronic drunkenness offender drinks, both through interview and direct observation.[8] Table XI-3 shows that most of the drinking is done in illegal settings[9] but wine drinkers are far more likely to be the ones who drink there than beer drinkers. Non-wine drinkers tend to drink chiefly in public places such as beverage rooms, and secondly in private places (Appendix 1-d). The reasons in both cases are fairly obvious. Most of the wine drinkers have beds in hostels

TABLE XI - 3

C.D.O.S' MAIN DRINKING PLACES

Drinking Place	Number	Per cent
Any illegal place	124	53.7
Beverage rooms	62	26.8
Cocktail lounges	1	.4
Private room (own or others)	41	17.7
House, apartment, etc.	3	1.3
Total	231	

or flophouses, and although they may sneak a bottle in to drink, they have to be outside during the daytime, so that the only place they can drink (except in the rare event of an acquaintance's having his own room) is in an illegal place.

---

[8] The measure is where most alcohol is consumed as well as where the C.D.O. spends most time. For example, he may spend an hour or two drinking beer in a tavern but the alcoholic intake would be considerably less than even one bottle of wine consumed quickly in an alley.

[9] These include alleys, doorways, washrooms, railroad tracks, parks and fields.

The beer drinker, on the other hand, would be far too conspicuous drinking beer in an illegal place for he would have to tote a whole carton of beer around. For this reason, and also the price of the carton, he seldom drinks beer anywhere but in a beverage room. Those who drink in rooms are as likely to drink the one beverage as the other.

Associates.- The Skid Row alcoholic of the wine-drinking type tends to drink socially in groups or "bottle gangs". Almost invariably he will go and look for someone to share it with when he has a bottle or the price of one, and the companions he finds are, as you might expect, mostly Skid Row associates. This is borne out by our interview and observation data. (Appendix I-e)

Those chronic offenders who drink in beverage rooms are more likely to be "isolates", whether by choice or circumstance. Such persons are not yet fully integrated into Skid Row and are less likely to have adopted Skid Row norms, including the very important one of sharing. Of course, a Skid Row C.D.O. will share if he happens to be drinking in a beverage room. Those few individuals (18 in number) who drink with non-Skid Row associates, are much more likely to drink in private facilities than either the isolate or the person who drinks with Skid Row associates.

Drinking sprees.- Spree drinking, that is the loss of ability to stop drinking once he has consumed a certain amount until he is physically incapable of imbibing any more, is a typical pattern of the North American alcoholic. We already noted that the wine drinkers in our sample are much less able to control the amount they consume than are beer drinkers (p.8). That is, the non-wine group is much less likely to go on sprees and the wine drinkers are highly unlikely not to.

Also, the wine drinkers tend to have longer sprees than the non-wine drinkers (Appendix I-f). This conclusion was reinforced by the finding that the group drinking in illegal places is more likely to have long sprees, whereas the beverage room drinkers tend to have short sprees or none at all. Furthermore, when we examine the last spree which ended in the present incarceration, we again find the same significant association between the length of the last spree and the beverage consumed.

We might reasonably have expected that wine drinkers would have shorter sprees since wine is stronger than beer, and since it is consumed mainly outside and therefore, one might suppose, the men would get arrested sooner. However, the sprees of the wine drinkers lasted longer than those of the beer drinkers. The explanation may be two-fold: (1) wine drinkers are less likely to terminate the spree voluntarily, and (2) beer drinkers would be turned out of beer parlours after a certain point (because of behaviour or because of closing hours) thus forcing the spree to terminate. Also, beer drinkers may in fact be more vulnerable to arrest (and hence termination of their spree) because they are openly exposed on leaving the beer parlour to any waiting policemen.

We find that the last spree of each individual tends to conform to the general picture of his sprees. The beverage consumed tends to be the same as the current main beverage (Appendix I-g). The older men tend to drink wine only but the younger were likely to drink something other than wine.

Number of drunk convictions.- Logically we would expect that the wine drinkers, drinking in illegal places, going on longer sprees and more of them, would have had more convictions in the past 12 months than the non-wine drinkers. However, although the statistics show a trend in this direction, it is not strong enough to be significant (Appendix I-h). Why is there no difference in the number of convictions and the type of beverage consumed, as expected? Presumably there is a confounding factor; for instance, as the number of convictions increase, the longer is the sentence handed out to the offender, so that his opportunities to be arrested are reduced in terms of free drinking days. Also, the drinker who leaves the beverage room intoxicated is, as we mentioned above, openly exposed to arrest; whereas the wine drinker, drinking secretly in washrooms and so on, may not after all be as exposed.

Integration into Skid Row.- A subject's integration into Skid Row is significantly associated with what he drinks (Appendix I-i). Wine drinkers are far more likely to be in the 'definitely Skid Row' category than non-wine drinkers, which supports statistically previous statements to the same effect. Consequently, we also find that wine drinkers are more likely to live or sleep in typical Skid Row accommodation such as hostels, flophouses, and such illegitimate places as cars, alleys, hallways or railway cars, than the non-wine drinkers.

Drinking of Non-Beverage Alcohol

The other outstanding feature of the chronic offender's present drinking habits (which, however, may have begun early in his drinking career) is his consumption of non-beverage forms of alcohol. These are sometimes referred to in the literature as "commercial products" and include shaving lotion, hair tonic, cooking extracts such as vanilla essence, anti-freeze, and rubbing alcohol.

One hundred and thirty-four of the men have drunk one form or another, on one or more occasions- and this is a minimum figure since there had to be conclusive evidence before a man was considered to be a consumer.

Although most of these men began to drink some form of non-beverage alcohol preceding their entry into Skid Row (Table XI-4) it did not become a regular form of drinking until much later. The mean age at which non-beverage alcohol was first consumed is 32.85 years, which coincides as we shall see, with the onset of the first alcoholism symptoms. The median age is 33.17, with a standard deviation of 9.2 years.

TABLE XI - 4

AGE AT FIRST DRINK NON-BEVERAGE ALCOHOL

Age	N	%
Under 21	13	5.6
21 to 25 years	15	6.5
26 to 30 "	23	10.0
31 to 35 "	30	13.0
36 to 40 "	29	12.6
41 to 45 "	15	6.5
46 to 50 "	7	3.1
51 and over	2	0.9
No non-beverage	55	23.7
N.A.[a]	42	18.1
Total	231	100.0

[a] Includes 37 cases where age was not established.

Initially, according to the men, non-beverage alcohol is tried just for the experiment but eventually it is drunk for economic and other reasons. Only two of our subjects[10] drink non-beverage alcohol in preference to other beverage forms. The majority (76.8%) drink it when nothing else is available - that is, when it is all they can afford, or when other supplies or suppliers (legal and illegal) are not available, such as on holidays, Sundays, or early in the morning before the liquor and wine shops are open. A few (13.8%) prefer non-beverage forms for "straightening out" or recovering from withdrawal.[11]

Of 99 non-beverage alcohol drinkers who were asked if they considered it harmful, only 14 thought it was not harmful. Eighty men thought it did some kind of harm, including internal damage, harm to vision, and general physical damage.[12]

In establishing the specific forms of non-beverage alcohol the men drink, we found continuing reluctance to discuss the topic. This is undoubtedly because there is a definite stigma attached to drinking non-beverage alcohol even among those who do so and especially among non-Skid Row persons. The following remarks from both drinkers and non-drinkers of it indicate fairly prevalent attitudes.

> I'm not that far gone yet.
>
> I have to be pretty low before I hit the bottom deck like that.

---

[10] These men were classified as "wine only" drinkers elsewhere dealing with type of beverage.

[11] The term "straighten out" is used by the Skid Row alcoholic to refer to withdrawal sickness, and the strength of "rub" (60% alcohol) is effective.

[12] Five gave no answer.

> So far as going to a store to buy it is concerned, I've never done that. I guess embarrassment would stop you more than anything.

> If I had to depend on that stuff I wouldn't drink at all.

Of the various alcohol substitutes, rubbing alcohol is the most popular (60.2%). A certain amount of mythology and rationalization has arisen around the use of this most popular form of non-beverage alcohol. One person mentioned carefully that he drinks "only certified rubbing alcohol" and others claim it must be all right because "some doctors drink it". Shaving lotion is the next most popular substitute (34.2%), then cooking extracts (24.2%). The remainder (including canned heat, shoe polish, shellac, or varnish thinner) range in use from 6.0 to 1.7 per cent of the men.[13]

When we look at alcoholism symptoms we see that drinking non-beverage alcohol is definitely linked with more advanced symptoms and with stages which might be said to mark an acceleration point in the downward alcoholic progression. For the sake of continuity we will discuss the relationship between drinking non-beverage alcohol and those symptoms of alcoholism now.

We find that the longer a person has been a heavy drinker, the greater is the likelihood of his drinking non-beverage forms of alcohol (Appendix II-a). Also, those men who experience morning drinking are highly likely to drink non-beverage alcohol (Appendix II-b). A decrease in tolerance is associated with drinking it, while unchanged tolerance is related to an absence of non-beverage alcohol drinking (Appendix II-c).

---

[13] Total adds to more than 100 per cent since many men drink several forms of non-beverage alcohol.

Since morning drinking locates a fairly precise point in time in a person's drinking history, we thought we could establish more accurately the point in drinking time when he began to drink non-beverage alcohol by using morning drink as a control.

We know that duration of heavy drinking is positively related to duration of morning drinking (Appendix VI - k) and also to the consumption of non-beverage alcohol (see above). However, when we look at duration of heavy drinking in association with drinking non-beverage alcohol and controlling for morning drinking, we find that in those who have not started morning drinking the probability of consuming non-beverage alcohol is significantly less than with those who have. In other words, the significant factor is morning drinking. This is concrete evidence that with the onset of morning drinking a change in degree of loss of control occurs, or a different compulsion which sends the man out to secure whatever kind of drink he can.

As might be expected, the non-beverage alcohol drinker is far more likely to drink in illegal places ($p<.001$), have longer sprees ($p<.001$), and experience D.T.s and alcoholic hallucinations ($p<.001$).

The following case history shows the development of the drinking pattern and the present drinking behaviour of a chronic drunkenness offender who is well-integrated into the Skid Row revolving door way of life.

A DAY ON THE OUTSIDE

Stanley Parks was let out of the Don Jail at half past nine in the morning following a 30-day stint. He headed for a restaurant for a cup of coffee with a fellow inmate who was released at the same time. This man appeared to have a small business, mentioned hiring Stanley, and gave him $5.00 to add to the amount he had 'made' in jail. Stanley then went to visit an aunt but as she was not at home he set out along the streets. Around 11 o'clock he ran into a friend, Joe, who was 'sick' - that is, suffering withdrawal and shakes. Knowing what it is like to be sick with nothing to drink, Stanley bought a bottle of wine and went to Joe's room, where they drank it. Joe then got two more bottles, which Stanley paid for. By the time they had finished, Joe was really sick. Stanley left his place, bumped into Ginger (another drinking acquaintance) and went in with him on the purchase of a bottle of wine which they drank in the park. Stanley left this friend around 5 o'clock, bought another bottle of wine and took a street-car to a tavern where he had 3 beers, although he does not like beer. Still in search of company he visited a couple he knew. They drank his wine and produced more. Stanley had 5 full glasses, which he drank fast. Then he blacked out - and when he woke up he was in the police station.

This is fairly typical of Stanley's drinking pattern, although he managed to stay out of jail for one month prior to his preceding incarceration, drinking the entire time. His beverage of choice is an Ontario wine, and after that Scotch whiskey, but in fact he drank chiefly wine and beer during the past year. Although he dislikes rye whiskey he would drink it, or anything else he could get. He has tried both rubbing alcohol and vanilla extract, but the one made him vomit and the other did not give him the lift he wanted, so he has not repeated the experience.

Stanley likes drinking; it gives him a glow. He drinks with other heavy drinkers, mostly Skid Row acquaintances, chiefly in alleys and parks, occasionally in friends' rooms. The only time he drinks alone is in the morning when he wakes up sick and with the shakes. Then he has about 3 good drinks. He has been a morning drinker for about 13 years, since he was 26, and has had the shakes since he was 28.

Sometimes Stanley gets a job. Then he carries his bottle with him to work in a lunch pail, since he drinks every day when he is out of jail. He frequently does window cleaning and finds that as long as he has something to drink heights don't trouble him at all. However, when he has been long enough on the booze, things begin to frighten him. Brakes screech at him, horns blare, tall buildings seem about to topple on him, and he dare not even cross the street. Sometimes he blacks out; twice he has had D.T.s, his hallucinations taking the form of faces that keep coming at him out of the wall.

Stanley has been drinking since he was 15. His parents were both tolerant towards drinking. His father told him, "If you can handle your liquor, drink; if you can't handle it, leave it alone" - a precept which Stanley neglected to follow. His father drank every day but seldom got drunk. His mother was an abstainer, who did not object to drinking although she did not like to see a man drunk.

The attitude towards drinking in the neighbourhood where he grew up was one of acceptance, and there were beverage rooms and bootleggers to supply the drinks. Stanley first got drunk when he was 15, drinking beer with friends at corn roasts. He began drinking heavily when he was 23, frequently with friends from his home town, and by 29 his drinking had got out of control.

He will go for several days without eating, and he finds he needs more alcohol to make him drunk than he used to. He was married but is separated from his wife because of his drinking, and he sleeps at the Salvation Army or Seaton House, or sometimes in his own room.

Perhaps the one atypical thing about Stanley Parks as a chronic drunkenness offender is his almost complete integration into Skid Row at the comparatively early age of 39.

Other Aspects of Present Drinking Behaviour

We now look at the current drinking pattern of our chronic drunkenness offender group at a given point in time and in various stages of progression in the alcoholic pattern.

Jellinek and other authorities (22, 24) consider loss of control to be of central importance in the development of alcoholism. Loss of control is of two different types. One involves the inability to abstain from drinking. This, Jellinek cites as typical of the French pattern of alcoholism, where the alcoholic drinks continuously rather than in sprees. The other form involves the inability to control the amount consumed and is considered integral to the North American alcoholism pattern.

We have already discussed these features in their relationships to the type of beverage drunk (p. 10). It is apparent from our data that both forms of "loss of control" are present in varying degrees in the study population. Now we will examine our findings in considerable detail, including temporal patterns and amounts consumed, and also attempt an explanation of these behaviours.

Inability to abstain.- We asked the men the question, "Do you drink a little each day when you are outside?" (Meaning out of jail.) One hundred and six (45.9%) of our subjects stated they drink some alcohol every day; while 122 (52.8%) do not drink every day. However, when they were asked specifically about their longest period of abstinence over the past two years, a discrepancy appears. All but 30 subjects state that they had periods of abstinence ranging from two or three days to many months (Table XI-5). This information checks out with police records, other documents, and other interview data. The discrepancy can probably be explained by the nature of the two questions. The former is a general question, not pin-pointed as to time; the latter requires specific information over a specific time interval.

TABLE XI-5

LONGEST PERIOD OF ABSTINENCE PAST TWO YEARS[a]

Period	Number	Per cent
No abstinence[b]	30	13.0
Up to 3 days	14	6.1
4 to 7 days	38	16.5
8 to 14 days	20	8.7
15 to 21 days	8	3.5
22 to 30 days	33	14.3
31 to 60 days	26	11.3
61 to 90 days	28	12.1
91 to 120 days	7	3.0
121 to 180 days	3	1.3
180 or more days	3	1.3
Numerous, or varying lengths	16	6.9
N.A.	5	2.2
Total	231	100.2

[a] Includes only time outside of jail.

[b] Anything less than 24 hours.

When we asked why they abstained at all, we received a varied assortment of answers (Table XI-6), some of which might be said to indicate positive motivation (e.g. looking for work) and others where circumstances make drinking impossible (e.g. no money). The first three reasons listed indicate a

voluntary effort on the part of the men to change (101 men or 43.8%). Another 17 (7.4%) abstained following release from involuntary treatment in a custodial setting. Nineteen men (8.2%) abstained as a result of external pressure, either from a rehabilitation centre or relatives; while 20 men (8.7%) abstained because they were not able to obtain anything to drink.

TABLE XI - 6

REASON FOR ABSTINENCE

Reason	Number	Per Cent
No abstinence	30	13.0
Fed up with way of life	70	30.3
Looking for work	5	2.2
Things improved (job, family, etc.)	26	11.3
Took treatment	17	7.4
In protective setting (non-custody)	6	2.6
Outside pressure (friends, family)	13	5.6
Nothing to drink	20	8.7
Other reasons	20	8.7
No reason; can't remember	17	7.4
N.A.	7	3.0
Total	231	100.2

We looked for relationships between the longest period of abstinence in the past two years and the following items: age, duration of heavy drinking, number of offences in the past year, type of drinker, type of beverage consumed, and current associates.

The one significant relationship was between longest period of abstinence and age ($p<.01$), where we found that the oldest group is least likely to have had any periods of abstinence in the past two years, and if they did, it was for shorter periods. The youngest group is more likely to have had longer periods of abstinence.

The reason that there are no differences in respect to the remaining items, between those with longest and shortest periods of abstinence over the past two years may be that such differences, if they exist, occur at an earlier stage in the onset of problem drinking, and by the time a man is a chronic drunkenness offender any such differences have disappeared. Certainly we might have expected differences between length of abstinence and number of convictions for drunkenness, since it seems obvious that longer abstinences would make for fewer occasions for convictions. An explanation for this seeming inconsistency may be that the periods of abstinence coincide with working periods. When the working ends, the person could go on a spree and, when picked up, might still have enough money to pay the fine, avoid conviction, and be back on the street again. If his period of abstinence has been fairly long, then even if he is convicted his jail sentence will be shorter and he will all the sooner be free to go through the same cycle of getting drunk and convicted.

It is also surprising to find no difference between plateau drinkers and spree drinkers as to length of abstinence since the plateau drinker has to drink steadily and regularly to stay high; whereas the spree drinker drinks hard and fast until he passes out. The spree drinker should have periods of abstinence between sprees.

The explanation here may be that the spree ended in jail, which gave him his necessary period of abstinence.

Further explanations for the lack of relationship between these various factors lie in the unreliable nature of self-reported data; or it could be that instead of the longest period of abstinence we should have asked for the total period of abstinence.

Loss of control.- We find that the ability to control the amount consumed once started is either lacking completely in our group of chronic offenders (49.8%) or almost completely (42.9%) (Table XI-7). Thus 92 per cent of our men admit that they have virtually or actually lost control of their drinking.

TABLE XI - 7

CONTROL OF DRINKING AFTER STARTING

Control	Number	Per Cent
All the time	4	1.7
Most of the time	11	4.8
Rarely	99	42.8
Never	115	49.8
N.A.	2	0.9
Total	231	100.0

This agrees with another finding, which shows that 73.2 per cent of the men classify themselves as "spree" drinkers, 22.9 per cent say they have control sometimes, and do not always end up on a spree.

Only 3.5 per cent definitely classify themselves as "plateau" drinkers.

We asked the men why they are unable to control their intake of alcohol (Table XI-8). Over half the men (52.8%) stated that they go on drinking until they can't stop because they are discouraged or depressed or bored. Twenty-six point four per cent gave positive reasons such as liking alcohol or drinking with friends. Thus lack of an attractive alternative, and lack of any social pressure to stop (or, to put it another way, conforming to the socially accepted drinking pattern of the group) appear to the men to be the reasons that they continue on a drinking spree. They do not tend to blame the effect of the alcohol itself, but apparently consider loss of control to be motivated behaviour.

TABLE XI - 8

REASON FOR LOSS OF CONTROL

Reason	Number	Per Cent
No loss of control	14	6.1
Like the taste	1	0.4
Like the effect	18	7.8
Like both taste and effect	27	11.7
Drinking with friends	15	6.5
Bored, nothing to do	12	5.2
Discouraged, depressed	110	47.6
Don't know	10	4.3
Other reasons	14	6.1
N.A.	10	4.3
Total	231	100.0

However, when they were asked, "How much did you intend to drink when you started this last time?" 61.0 per cent (139)

said they had had no intention of getting drunk or starting a spree when they began drinking. Only 39 (17.1%) said they had fully intended to get drunk. The remaining 21.9 per cent did not answer or could not recall.

Loss of control is significantly associated with duration of heavy drinking ($p<.01$) in that those men who have had a long period of heavy drinking tend to have complete loss of control over the amount consumed. Those with definite and even partial control over amount, tend to have been drinking heavily over a shorter period (Appendix III-a).

As we would expect, those who have no control over their drinking tend to be morning drinkers ($p<.001$) and those who allege that they still have control are likely not to indulge in morning drinking (Appendix III-b). There is no significant association between loss of control and duration of morning drinking, however (Appendix III-c), although the difference that does exist is in the expected direction.

The highly significant association between loss of control and type of beverage consumed (Appendix III-d) is due to the wine drinkers being much more likely to have lost control entirely, and the beer and liquor drinkers to have some measure of control still ($p<.001$).

Regarding age, we find the younger age group more likely to lose control only occasionally, whereas the above median age group tended to always lose control ($p<.05$). There were no differences between the two age groups as to whether they never lost control (Appendix III-e), which seems surprising, as we would expect the youngest group might contain more who never lose control. The reason may be that another factor, such as type of beverage consumed, neutralizes any difference which might have existed.

Although we might reasonably have expected that those men who have lengthy periods of abstinence might show some control, we find no difference between the presence or absence of loss of control and length of abstinence, or whether abstinence occurred or not. Similarly there is no difference with respect to the stated effects of alcohol: that is, the subject who says that he attains an euphoric effect from drinking is just as likely to lose control as the subject who becomes depressed or hostile. This lack of difference points up, and can probably be explained by the fact, that, by and large this group have reached a stage of alcoholism where they have common drinking behaviour.

Last Drinking Episode.- We looked at the last drinking episode in relation to other events since recall would be fairly accurate and it would show us the present situation.

TABLE XI - 9

RESUMPTION OF DRINKING AFTER LAST RELEASE

Time Elapsed	Number	Per Cent
Within 24 hours	116	50.9
2nd and 3rd day	40	17.5
4th and 7th day	19	8.3
8th to 14th day	15	6.6
15th to 30th day	18	7.9
31st or later	9	4.0
N.A.	11	4.8
Total	228	100.0

Half of the men began drinking within 24 hours of their discharge from jail or reformatory while another 17.5 per cent began drinking within three days of their release (Table XI -9).

There was no relation between subjects' ages and the length of the interval between release and commencement of drinking. We did find a significant association between this interval and the one before that ($p<.05$) indicating that sprees are becoming more frequent and also shorter.

We also found, as we would expect, that the longer the period of abstinence after the last release, the greater the likelihood that employment was obtained ($p<.01$) (Appendix IV - a).

TABLE XI - 10

DURATION OF DRINKING BEFORE LAST ARREST

Duration	Number	Per Cent
Less than 24 hours	124	54.3
24 to 48 hours	32	14.0
3 to 6 days	47	20.6
7 to 29 days	18	7.9
30 days or more	4	1.8
N.A.	3	1.3
Total	228	99.9

Over one-half of the men had been drinking less than 24 hours on their last spree when they were arrested (Table XI - 10). This indicates that their consumption during that time was probably high. How much did they drink on their last spree? Table XI - 11 shows that the largest group of men (49 or 21.5%) drank more than two ounces but less than five ounces a day. The mean consumption was 9.5 ounces and the median 8.3 ounces a day.[14]

TABLE XI - 11

AVERAGE DAILY CONSUMPTION OF ALCOHOL DURING LAST SPREE[a]

Amount	Number	Per Cent
1 ounce or less	5	2.2
More than 1, less than 5	49	21.5
5 to less than 8	24	10.5
8 to less than 11	19	8.3
11 to less than 14	26	11.4
14 to less than 17	11	4.8
17 to less than 19	4	1.8
19 or more	21	9.2
N.A.[b]	69	30.3
Total	228	100.0

[a] All reported amounts were converted to ounces of pure alcohol and all days converted to full days.

[b] Includes 67 cases where there was insufficient information.

[14] This is equivalent to 2 or 3 bottles of wine or a little less than one bottle of liquor.

The older men tended to consume less alcohol than the daily average for the sample while the younger men were equally distributed as to amounts consumed (Appendix IV - b).

We found a highly significant association between average daily consumption of alcohol and duration of drinking spree, but not in the expected direction. That is, we might reasonably assume that excessive drinkers would be more vulnerable to arrest and therefore have shorter sprees, but in fact, the more they drank the longer the spree lasted (Appendix IV - c). Also, those who consumed less than the median amount tended to have their spree cut short within one day. How is this explained?

The answer probably lies in the characteristics of that group which get arrested quickly. It may be that the men in this group are vulnerable to arrest through low tolerance to alcohol, being generally more dishevelled than the others and known to the police and therefore picked up quickly.

Does the person who drinks a lot every day continue the same level of consumption till the day he is arrested? Table XI - 12 shows a definite similarity between the average daily consumption of alcohol during the last drinking spree and the consumption during the 24 hours immediately prior to arrest which indicates the answer is yes. One hundred and forty-two subjects drank the same amount, one drank more on the last day and 7 drank less.

The general contention of the men that they were unfairly arrested is hardly supported by these figures.

TABLE XI - 12

DAILY CONSUMPTION DURING LAST SPREE

Amount of Absolute Alcohol	Last Spree		Last Day	
	No.	%	No.	%
1 oz. or less	5	2.2	7	3.1
2 oz. to less than 5	49	21.5	49	21.5
5 oz. to less than 8	24	10.5	25	11.0
8 oz. to less than 11	19	8.3	24	10.5
11 oz. to less than 14	26	11.4	22	9.6
14 oz. to less than 17	11	4.8	9	3.9
17 oz. to less than 19	4	1.8	5	2.2
19 Oz. or more	21	9.2	20	8.8
N.A.	69	30.3	67	29.4
Total	228	100.0	228	100.0
Mean	9.5 oz.		9.2 oz.	
Median	8.3 oz.		8.8 oz.	

Drinking Associates.- The overwhelming majority of men in our sample at the time of this study drank mostly with other Skid Row men[15] (Table XI - 13) - the largest proportion reported that they drink only with men (84%) while only three per cent drink to any extent with women.[16]

Of the 30 men who reported that they were primarily solitary drinkers, only 9 had been solitary drinkers at all stages of their drinking career. Most of them were found

---

[15] See Appendix V -(a) for comparison of drinking associates at different periods.

[16] This is consistent with the findings of other authors such as Pittman and Gordon (41).

to have some manifest psychological and/or physiological peculiarities, such as epilepsy, mental retardation, or (one case) Parkinson's disease.

TABLE XI - 13

CURRENT DRINKING ASSOCIATES

Associates	Number	Per Cent
Primarily alone	30	13.0
Non-Skid Row	18	7.8
Skid Row	182	78.8
Others	1	.4
Total	231	100.0

We find that the group who drink with fellow Skid Row-ers are more likely to be morning drinkers ($p<.01$) whereas solitary drinkers and those who drink with non-Skid Row companions are less likely to be morning drinkers (Appendix V - b). Also, as a corollary, those who drink with Skid Row associates have been indulging in morning drinking longer than the others ($p<.001$) (Appendix V - c).

Evidently whom a person drinks with, or whether he drinks alone, is not a factor determining the length of spree (Appendix V - d). However, solitary drinkers and those who drink with non-Skid Row associates are much less likely to go on sprees at all, whereas the group drinking with Skid Row associates are highly likely to be spree drinkers ($p<.001$).

There is a further significant relationship in the expected direction between drinking associates and loss of control ($p<.001$) where solitary drinkers and those who drink with non-Skid Row types are more likely to have no loss of control or at least to have some control still over amount consumed (Appendix V - e).

The indication from these significant relationships between drinking associates and various drinking characteristics is that those who drink with other Skid Row associates tend to be furthest along in the alcoholic progression.

Attitude Towards Drinking

When the men were asked what they were going to do when released from jail, only 13 (5.7%) suggested that stopping drinking was on the agenda. However, 100 indicated that they were going to look for work which implied an intention of stopping or at least controlling their drinking in the immediate future.

The road to jail is presumably paved with good intentions since only 42 men found work after their last release from jail. Motivation to work is not strong enough seemingly to counteract such occurrences as running into a friend who provides an excuse for a drink, as was the case with Stanley Parks (Case history - p. 17) who had no intention of getting drunk when he first got out of jail.

Seventy-five men (32.8%) felt that their current living conditions contributed to their excessive drinking. Only 12 (5.2%) felt that their living conditions caused them to drink less than they would otherwise do or wish to.

One-third of the men expressed favourable attitudes towards their way of life, although only 13 said they liked everything about it. Twenty (8.8%) listed drinking as one of the features they liked about their current way of life. Twenty-four mentioned the freedom and independence, 20 the 'way of life' and 15 the social life and associates. All of which seems to indicate that drinking itself is not all important to them, or is not realized as being so, but is, rather, an adjunct to other benefits.

Most of the men (138) do not like their way of life. When asked what they considered unpleasant about it, 48 (21.1%) mentioned fear of arrest and any other factors that inhibited or limited their drinking and another 48 mentioned loss of control over drinking as the feature they dislike. But 195 mentioned lack of work, specifying that it meant having no money and other material things and poor living conditions. Seventy-eight men mentioned the purposelessness of their present lives as unpleasant and 60 indicated that they feel a loss of self-respect. Comparatively few of the remaining replies mentioned loss of family and former friends or the inability to control their drinking, as unpleasant, although both may be implicit in the above deplored aspects.

Again, when they were asked what they would wish for if they had three wishes, steady work, money, and security were far in the lead as prime desires. An improvement in their marriage situation and the ability to stop or control their drinking were mentioned by very few. Twenty-one per cent felt everything would be fine, that is, their wishes would come true, if they got a job (or money); 16 per cent if they controlled or stopped their drinking;

9 per cent felt it was a matter of luck. But of those who felt their wishes would never come true, most gave as reasons that it was simply impossible or that they were too old; a very small number put it down to their not being able to stop drinking.

In summary, we can see certain characteristics specific to the present drinking pattern of the chronic drunkenness offender. The most outstanding are the overwhelming use of fortified native sherry, and the drinking of non-beverage alcohol. This latter is not continuous, nor is it characteristic of all C.D.O.s; it is however used for emergency purposes - to get over morning withdrawal symptoms - and tends to be more widely used as the persons become more involved in the wine-drinking Skid Row C.D.O. pattern.

Spree drinking with frequently lengthy sprees of two or three weeks is also characteristic, whereas alcoholics from the middle classes are more likely to be weekend spree drinkers or plateau drinkers, since they maintain their jobs and family position. Furthermore, the chronic offender is a social drinker in contrast to the bottle-in-the-desk or secret type of drinker. The inference is that the C.D.O. does not have any great guilt feelings concerning his drinking. This is borne out by the interview material, although no direct question was asked about it. Certainly their drinking, which is almost totally uncontrolled (most noticeably in the older groups) is seldom seen as the cause of their present deprived, hand-to-mouth Skid Row type of existence. Also drinking is the norm for the group of which they are now a part, a fact which could lessen any feelings of guilt.

Whether the chronic drunkenness offender really does not see the connection between his drinking and his present life (which must have been pointed out often enough by the various missions, the Salvation Army, the A.A. and other agencies to which many of the men have been exposed) may indicate a great ability for self delusion. Or it may be an honest belief that would tend to indicate a different set of standards with which these men were brought up. For this reason we will later look at the attitudes and practices regarding drinking in the men's families and childhood neighbourhoods.

DRINKING HISTORY AND DEVELOPMENT OF ALCOHOLISM SYMPTOMS

The World Health Organization Expert Committee on Alcohol and Alcoholism states that "Alcoholism does not designate a definite nosological entity but is a collective term for a family of problems related to alcohol", and goes on to say "Pre-eminent among these features of the alcoholic process are some symptoms which have been explained often as a "craving" for alcohol; "withdrawal symptoms"; the conception of "loss of control", and the "alcoholic amnesias" (blackouts)" (66).

Jellinek (22, pp. 36-41) designates and describes a variety of types of alcoholism. Two (which he terms 'Delta' and 'Gamma') manifest characteristics which establish them as a disease. The items in his definitions of these two types are similar to those in the WHO statements, with the addition of increased followed at a late stage by decreased tolerance. He also states that even though the acute withdrawal state is "stereotyped" it does not follow that all of the withdrawal symptoms will appear in all instances (p. 133).

The more specific symptomatic forms of behaviour related to problem drinking and alcoholism are generally agreed to include tremors (16, 57, 63), morning drinking (22, 55, 57), alcoholic amnesia (1, 55, 59, 62), loss of control (22, 66) and decrease in tolerance (22). Two more, which are probably acute withdrawal symptoms (22) are delirium tremens and alcoholic hallucinosis. The occurrence of all symptoms is not invariable. It varies not only with individuals and the stage of their involvement with alcohol but also with factors related to the particular drinking experience.

Heavy Drinking

However, addiction to alcohol only appears after a long period of excessive or heavy drinking. "...large quantities of alcohol and their use over many years are required to produce addiction." (22, p. 152).

The term "heavy drinking" is encountered in both technical and non-technical literature. Even in actual research studies of the problem, however, a precise definition or description is seldom given.

A few authors, including Bogue (4), Fink (12) and Knupfer (27) use quantitative measures to define heavy drinking. This produces an arbitrary and inelastic definition of the condition. Most investigators rely on the respondents' subjective interpretation of the term to elicit comparable responses (20, 46, 50). Jellinek (23) measures the extent of drinking on a quasi-scale related to phases in the drinking history of alcoholics. Here the term "heavy drinker" is located on a continuum which may facilitate a more reliable and consistent response.

In the interviews for this study heavy drinking was not usually defined for the subjects. Occasionally an interviewer found it necessary to explain that the term referred to steady or problem drinking, particularly when a subject rejected the notion that he was a heavy drinker, but usually the term was used without elaboration. Supplementary comments to the question "How old were you when you began to drink heavily?" indicate that most of the men perceived heavy drinking in terms of frequency and in terms of inability to abstain:

> "That's when I began to drink every day."
>
> "Yea, that's when it got out of control."
>
> "It crept up on me 'til it got hold of me."
>
> "... no problems; just wild living and lots of drinking."

Although heavy drinking obviously does not invariably lead to alcoholism, it is a necessary condition and may therefore be regarded as an indicator of increased probability of development (12, 29, 65). For this reason we will examine drinking as a separate phenomenon before discussing the actual symptoms.

Since all but 5[17] of our group of 231 are heavy drinkers, we can use this pre-alcoholic symptom to examine various possible etiological factors in the development of alcoholism. There is probably less likelihood of the symptoms themselves being related to background items, since by the time the symptoms appear, the dependence on alcohol has begun to take over and is having its own effect on the progress toward addiction.

In examining heavy drinking we want to find out whether the age at which heavy drinking begins is related to such non-drinking factors as country of birth, family background, youthful participation in certain activities, occupational achievement and marriage. We might reasonably expect that heavy drinking would precipitate both job and marriage instability and also that the fewer groups and organizations a person belonged to in his youth, the earlier his heavy drinking would commence.

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[17] The 5 who claimed no experience with heavy drinking should be mentioned particularly since it has been established that they are all epileptics (see Physical Health, Ch. 7, p. 24). This has both a legal and a medical implication. There is considerable evidence, based on their own detailed description of drinking episodes as well as comments of a number of observers including police officers, that these men never consume large amounts of alcohol at any time. When they do drink even small amounts (such as one or two bottles of beer) it seems to result in behaviour similar to acute intoxication. There is very little information in the literature concerning the effect of alcohol on epileptics. In fact, most of the interest appears to be on epileptic "type" manifestations experienced by alcoholics. Thompson (54) has stated his impression that the epileptic does appear to have a lower tolerance to alcohol.

None of the 5 epileptics in our group has experienced any of the accepted symptoms indicating addiction to alcohol: blackouts, loss of control, morning drink, tremors or decrease in tolerance.

Age at Which Heavy Drinking Began

Forty-five per cent of the group had begun to drink heavily by the age of 25, and 70.5 per cent by the age of 30 (Table XI - 14). Almost 30 per cent then were late starters indicating, as our findings in the areas of employment and marriage show, a period of achievement and stability prior to the onset of heavy drinking. Mean age of onset of heavy drinking is 26.9, median age 25.7 with a standard deviation of 7.7 years.

TABLE XI - 14

AGE AT ONSET OF HEAVY DRINKING

Age	Number	Per Cent
Under 16	5	2.2
16 to 20 years of age	44	19.0
21 to 25 " " "	55	23.8
26 to 30 " " "	59	25.5
31 to 35 " " "	32	13.9
36 to 40 " " "	22	9.5
41 to 45 " " "	2	.9
46 to 50 " " "	4	1.7
51 to 55 " " "	1	.4
56 and over	1	.4
No heavy drinking	5	2.2
N.A.	1	.4
Total	231	99.9

Two quite different interpretations can be made to account for this wide dispersion in the age at onset of heavy drinking. Some authors (6, 37, 39) suggest that there is a difference between "early starters" and "late starters". Cramer and Blacker (6), studying 48 "early" drinkers (first intoxication before the age of 25) and 24 "late" drinkers (first intoxication at age 25 or later) found that the early drinkers were much more likely to have had a variety of early disturbing childhood experiences than the late drinkers. Pattison (39) suggests that the age at which alcoholism becomes manifest may indicate different syndromes altogether. Heavy drinking and alcoholism in the young person would indicate a more severe character pathology whereas older persons might begin heavy drinking in response to intolerable life situations.

The other interpretation of this disparity in age of commencing heavy drinking is that men are currently entering the revolving door at a younger age. This is the impression gained from the statements of the men in our sample and from such other observers as the police, jail personnel and Skid Row agency staffs.

Table XI - 15, while continuing to demonstrate a wide range in the age at onset of heavy drinking, fails to show any evidence of a bi-modal distribution for any of the current age categories used here. This would tend to refute the hypothesis of an "early-late" pattern. However, the data in this table do reveal a consistent pattern (with the exception of the youngest group which finds the largest number starting heavy drinking in the 21 to 25 years of age category) of the older men in the sample having started their heavy drinking at an older age.

TABLE XI - 15

AGE AT ONSET OF HEAVY DRINKING RELATED TO CURRENT AGE

Current Age	Age at Onset of Heavy Drinking				
	Under 21	21 to 25	26 to 30	Over 30	Total
21 to 35	10	16	6	1	33
36 to 40	18	10	6	3	37
41 to 45	10	12	10	9	41
45 to 50	2	10	15	7	34
51 to 55	6	4	11	19	40
56 and over	3	3	11	22	39
Total	49	55	59	61	224

Direct comparisons with other Skid Row or chronic offender or alcoholic groups are frequently difficult because different categories are used by different investigators. When we compared the age of onset of heavy drinking of the C.D.O.s with 4 other groups of heavy drinkers, only one (Jellinek's) had directly comparable age categories. However, comparisons were achieved by collapsing the age classes (Table XI - 16). This table is broken down into comparisons between our group and each of the others individually in Appendix VII.

The age of onset of heavy drinking in our group of chronic offenders approximates that of the men in the other 4 samples, with a few minor variations, although it is closest to Jellinek's, the one group which is not entirely Skid Row. Most of the men began heavy drinking between the ages of 20 and 35. When we look at the extremes of the starting age, we

note that Feeney's group of inebriates had a much smaller number starting below the age of 20 whereas more than one-quarter of Bogue's Skid Row-ers began heavy drinking before 20. Our group is seen to fall in the middle. Very few of our men commenced heavy drinking after the age of 30, a number significantly smaller than in Straus's group and noticeably less (though not significantly so) than in Feeney's and Jellinek's.

TABLE XI - 16

AGE AT HEAVY DRINKING OF SELECTED POPULATIONS
(Percentages)

Age	Populations				
	C.D.O.[a]	Jellinek[b]	Bogue[c]	Straus[d]	Feeney et al[e]
Under 20 years	17.3	15.8	28.1	21.0	8.1
20 - 24 years	24.0	23.2		28.4	42.9
25 - 29 years	25.8	21.0	52.9	17.7	
30 - 34 years	16.9	21.0		19.7	38.8
35 - 39 years	10.7	8.4	15.1		
40 - 44 years	2.7	8.4			9.9
45 - 49 years	1.8	1.1	3.9	13.6	
50+	.9	1.1			
Total N	(225)	(98)	(3,876)	(81)	(50)
Mean	26.9	27.6			
Median	25.7	27.6			
σ	7.7	7.6			

[a] C.D.O. sample group, this study.

[b] Sample of active Alcoholics Anonymous members of U.S.A. (1945).

[c] Heavy drinkers and alcoholic derelicts group of Chicago Skid Row (1957).

[d] Skid Row excessive drinkers, New Haven, Conn. (1945).

[e] Washington, D.C. workhouse inmates (inebriates) (1954).

Birthplace.- We found no difference in age at which heavy drinking occurred between men born in Canada, the United Kingdom, the United States and continental Europe (Appendix VI - a). Interestingly, all 7 men born in Ireland started to drink heavily over the median age of the total group.

Looking at birthplace in Canada (Appendix VI - b) we again find no difference, either between provinces, between regions or between urban and rural Ontario. In fact, a detailed breakdown of size of community related to age at onset of heavy drinking showed the strongest similarity in distribution was between Toronto (only city represented over 100,000) and the rural-born group. The distribution between those raised in communities of 10 to 25,000 and 25 to 100,000 also showed a similarity. The majority of the Toronto and rural-born groups (56.3% and 61.5% respectively) began drinking after the age of 26; whereas the majority of the other two groups (58.1% and 53.1%) began heavy drinking under the age of 26.

One might have expected a variation in age at commencement of heavy drinking in the various countries but perhaps the values within each country were too diverse to make for uniformity, or else our groupings of countries were too big. We looked therefore at two smaller groups, the neighbourhood and the family, to gauge the effect on the men of subcultural differences in drinking norms. The communities were classified as wet or dry according to whether they had any legal retail outlets for liquor or not, and their norms were assessed chiefly through the men's recollections. The parents were assessed as drinking or abstaining, and their attitudes as approval or disapproval towards drinking.

Table XI - 17 represents the community background factors (combined) relative to age at which heavy drinking began.

Early starters were defined as those who started drinking heavily below the median age for the group (25.7 years) and late starters as those who began above the median age.

TABLE XI - 17

NEIGHBOURHOOD OUTLETS AND ATTITUDES BY AGE ONSET HEAVY DRINKING

Childhood Community	Early Starters		Late Starters		Total	
	N	%	N	%	N	%
Dry and disapproved	13	11.8	20	16.8	32	14.5
Dry and approved	14	13.7	22	18.5	36	16.3
Wet and disapproved	2	2.0	13	10.9	15	6.8
Wet and approved	74	72.5	64	53.8	138	62.4
Total	102	100.0	119	100.0	221[a]	100.0

[a] N.A. and others omitted (total of 10 cases)

The results show that 84.7 per cent of the early starters of heavy drinking and 71.1 per cent of the late starters came from communities that approved of drinking. The presence or absence of legal outlets is not related to age at which the men experienced heavy drinking but the men who started heavy drinking relatively late were more likely to come from communities which disapproved of drinking. However, the relationship is just barely significant ($p<.05$) and it may reflect a secular change in drinking norms rather than a causal relationship.

Family Background.- It seems reasonable to suppose that certain aspects of the subject's family background would have an effect on the age at which heavy drinking occurred.

With this in mind, we examined father's national origin and the main language spoken at home; father's highest occupation (as indicative of social class); age of subject at breakup of family; and parental compatibility (as indicative of the psychological climate during childhood); and the subject's general assessment of his father.

None of these variables, however, proved to be related to the age of onset of heavy drinking.

When we related parental drinking behaviour and attitudes towards drinking to the age of onset of heavy drinking, we found very little difference in ages between subjects whose parents drank and approved, abstained and disapproved or were discordant in their drinking habits and attitudes (see Table XI - 31 p.90)). So that parents' habits and attitudes regarding drinking are also not related to the age at which the subject commenced heavy drinking.

If we had had a control group, we could have examined all these variables in relationship not to the age of onset of heavy drinking but to its presence or absence. However, the implication of a late age of onset is that the men had a stable period with steady employment and a sustained marriage, somewhat comparable to a normal control group. And the findings indicate that early or late starting of heavy drinking was not determined by family background factors.

Although we find that early family and community background factors had little or no effect on age of onset of heavy drinking, adolescent membership in formal groups and organizations showed a very definite relationship (Appendix VI - c). Membership in such formal organizations as athletic groups, church groups, unions and the Y.M.C.A.

being more or less voluntary indicates a certain capacity for social attachment. We find that almost half the men who began heavy drinking by the age of 20 belonged to no such groups. Seventy-five per cent of the men who started drinking heavily after the age of 35 belonged to one or more formal organizations in their youth. The majority of men, however, (143 of 219) began heavy drinking between the ages of 21 and 35 and these were divided almost equally between those who belonged to groups and those who did not.

Similarly we find a highly significant relationship between early church attendance and onset of heavy drinking, particularly at the extremes (Appendix VI - d). Those persons who started drinking heavily after the age of 25 were highly likely to have attended church frequently in their youth; those who never went to church were likely to have started heavy drinking early (25 or under) ($p<.001$).

Early membership in voluntary organizations and religious institutions appears to aid in producing a stable period, although to be sure the effect is only temporary.

Insofar as membership in these groups represents a tendency to social integration, we might expect that persons with many friends during adolescence would be more likely to have begun heavy drinking at a late age. However, when we grouped the individuals into the categories "lone wolf", "one or a few friends" and "many friends" (during adolescence) we found that it made no difference, as far as the age of commencement of heavy drinking is concerned, in which of these categories the subjects fall. That is, they were just as likely to have been early starters as late starters whether they had many, few or no friends.

Other aspects of adolescence which might be expected to have some effect on the onset of heavy drinking are the subject's restlessness during that period, the amount of his education, his intelligence and his sexual interest. The men were asked to recall if they had been restless, particularly with an urge to travel, during their late adolescence, with the idea that the restless ones might find an earlier outlet in liquor. There was no relationship, however, between the two.

Sexual interest, used here to cover both contact with the opposite sex and actual sexual experiences during adolescence, was checked for possible effect; would shy individuals who were afraid of women take to the bottle early on? or would the individual who was aggressive towards girls also be an early heavy drinker? In the event, we found some evidence that a higher level of sexual interest during adolescence is associated with early onset of heavy drinking and conversely that a low level of sexual interest is related to later onset.

Intelligence quotient was completely unrelated. All levels of intelligence represented were found equally distributed between early and late onset of heavy drinking. We could expect education[18], however, to be related. Since children of middle class parents tend to have a longer period of formal education and since heavy drinking is likely to start at a later age in the middle classes, we might have expected the age of onset of heavy drinking to vary directly with the amount of education, but no relationship was found.

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[18] A very strong association has been found between intelligence and amount of formal education (see chapter on Education).

Few adolescent factors tested, other than membership in formal groups and sexual interest, were found to influence the age at onset of heavy drinking.

Post-adolescent items which it seemed probable would influence the age at heavy drinking one way or another were the occupational level reached by the individual; the amount of property he owned; the presence or absence and durability of his marriage; how much he moved around; and his working history. One would reasonably expect that the higher the occupational level reached by the individual the later would be the onset of heavy drinking. Also, early commencement of heavy drinking might be supposed to be associated with early breakup of marriage and frequent job turnover.

Surprisingly few of these items bore any relation to onset of heavy drinking. For instance, later onset of heavy drinking was not associated with higher occupational level reached. Similarly, there was no difference between those who owned property or cars and those who did not, in so far as the age at which heavy drinking occurred is concerned.

Again, it would seem reasonable to expect that unmarried men would be more likely to be early starters and that the same would be true of married men whose marriages broke up early. However, no relationship was found between the incidence or duration of marriage and the age at which drinking began.

We do find that the more geographically mobile individuals (after the age of 16) were much more likely to have begun heavy drinking at an earlier age than the more geographically stable men ($p<.001$) (Appendix VI - e).

However, geographic mobility usually is related to the developmental stages of heavy drinking; certainly there is a marked absence of mobility once the man arrives on Skid Row.

Several features of the men's employment history, such as total number of steady jobs held, number and length of periods of unemployment and tenure of longest held job, were selected as measures of employment stability. We would reasonably expect the economically unstable drinker to begin drinking heavily at an earlier age than the more stable drinker, but we find no significant differences in the total number of steady jobs[19] held by early and late heavy drinkers during their working lifetime (where the more jobs held, the more unstable the individual would be considered). Nor was there any relationship between the number or length of periods of unemployment prior to the onset of chronic unemployment, and age of onset of heavy drinking. Using these three factors as measures of occupational stability, then, it appears that, contrary to expectation, the occupationally unstable individual did not begin heavy drinking at an earlier age than the stable person.

However, we did find a highly significant association between tenure of longest job held and age at onset of heavy drinking ($p<.001$). If the longest time the subject ever held a job was under 5 years, then he was likely to have experienced heavy drinking early. Also, the later the onset of unemployment, the later the onset of heavy drinking occurred.

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[19] A "steady job" is defined as one where neither the employee nor the employer would normally perceive a definite and specific terminal duration of employment.

Finally, a social stability index combining 5 factors[20] was related to the age at which heavy drinking occurred. We found a highly significant difference ($p<.001$) in the frequencies, and the results show that those individuals who began drinking heavily at an early age were much more unstable, socially and economically, than those who began later (72% to 28%). The late heavy drinking group showed the opposite distribution (24% to 76%).

How do we explain the discrepancy in our findings? Since it is reasonable to expect an early onset of heavy drinking to go with a more unstable pattern of life, the inconsistent findings are best explained as a result of the unreliability of number of jobs, and of number and length of periods of unemployment, as indices, by themselves, of social stability.

Criminal Career.- We examined the age of onset of heavy drinking in relation to such aspects of the subjects' criminal careers as the age at their first arrest for any offence, the age at first arrest for drunkenness, the number of drunk convictions over the last 6 years, and the type of criminal career they have had.

An early arrest for violating the law may be an indication of problems of adjustment that might lead to or be a result of heavy drinking at an early age. Or conversely, heavy drinking may lead to law-violating behaviour.

We find that the younger the person was at the age of his first arrest[21] the more likely he was to have begun

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[20] These were: (1) tenure of longest job held, (2) property owned, (3) residential mobility, (d) restlessness during adolescence, (e) dominant relationship with women.

[21] Any arrest after the age of 16. Also: mean age first adult arrest is 23.7 years and onset of heavy drinking is 26.9 years.

drinking heavily at an early age (Appendix VI -f). When we control for age we find that this holds for those who are presently under 50. However, taking the oldest group, 51 and over, we find no significant relationship between the age at first arrest and the age of onset of heavy drinking. That is, those persons now over 50 who started drinking heavily at an early age were just as likely to be arrested late as early. The implication is that whether they started heavy drinking early or late had nothing to do with whether they were arrested early or late.

The probable explanation for this age difference is this: the more recent arrivals into the chronic drunkenness offender population are the younger men who have entered the population at an earlier age than the older C.D.O.s. The older men were likely to have had more social and economic stability in the past than the younger men.

Again,when we examine the first arrest for drunkenness, we find that the younger the age at first arrest for drunkenness the younger the age at heavy drinking (Appendix VI - g). In 64 (32.8%) of the cases, both events occurred in the same 5-year period. In 41 (21%) the first arrest for drunkenness occurred before heavy drinking and in 191 (46%) cases it occurred after the onset of heavy drinking.

Only 38 men have been arrested on charges of drunkenness alone. We divided the remaining 187 (83.1%) who have been arrested on other grounds as well, into 3 categories of criminal careers: petty offenders, minor criminals and serious criminals.[22] We then examined all 4 categories to see when

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[22] Petty crimes are summary offences only, such as traffic offences; minor offences are indictable offences where no penitentiary term was given; and serious crimes are those indictable offences for which the penalty was a penitentiary term. (See Chapter X "Criminal Careers").

heavy drinking tended to commence (Appendix VI - h). Whereas those who were arrested on drunk only charges, for petty offences and for serious crimes tended to have started heavy drinking late, the minor criminals (by far the largest category: 107 or 47.5%) were much more likely to have been early starters. There are two possible interpretations of this finding: either early heavy drinking led to delinquent behaviour by reducing inhibitions and behaviour control, or the heavy drinking was merely another manifestation of deviant behaviour already present, and not the cause of the deviancy. If the latter were the case then it would be surprising to find only the comparatively small number of 34 (or 15.1%) who became serious criminals. The likelihood is that these minor crimes were committed under the influence of alcohol.

Heavy drinking can almost certainly be said to be a causal factor in promoting a certain type of criminal career, namely, that of the minor offender. On the other hand, because of the considerable ineptness of heavy drinkers as criminals, it can also be said to be a deterrent in producing serious criminals. This is truer, however, for the younger members of the population.

Duration of Heavy Drinking

The actual length of time that heavy drinking has been going on was also examined (Table XI-18) to reveal, understandably, a strong positive association between present age and duration of heavy drinking (Appendix VI-i).

TABLE XI - 18

DURATION OF HEAVY DRINKING

Period	N	%
1 to 5 years	9	3.9
6 to 10 "	28	12.2
11 to 15 "	41	17.8
16 to 20 "	56	24.3
21 to 25 "	47	20.4
26 to 30 "	21	9.1
31 to 35 "	11	4.8
36 to 40 "	8	3.5
41 and over	4	1.7
Never	5	2.2
Total	230	99.9

Mean: 19.0 years
Median: 18.6 years
Standard Deviation: 8.8 years

Duration of heavy drinking is also, as we would expect, related to the chronic drunkenness offender's integration into Skid Row: the more integrated he is into Skid Row and, following on that, the more he drinks in Skid Row places, the longer the heavy drinking. Also, the chronic offenders

with the greatest number of convictions for drunkenness over the past 6 years are those showing the longest period of heavy drinking (Appendix VI-j). This does not mean merely that the longer the heavy drinking goes on, the greater are the chances of arrest. It means that with long heavy drinking, other factors, such as unemployment, wine-drinking in public places and morning drinking become important parts of the drinking pattern which help establish the individual in the revolving door system.

In summary, the age at which these men commenced drinking heavily was not dependent on what country they came from or whether alcohol were legally available to them in their youth. Nor did their families' social class, the compatibility of their parents nor their parents' habits and attitudes towards drinking have any relationship to commencing age of heavy drinking.

The chief retarding factor in the onset of heavy drinking appears to be a certain amount of social integration and economic stability of the person, which is measured by his membership in formal groups and frequent church attendance during his late teens; and subsequent long tenure of employment. The early heavy drinkers in our sample tended to be much more unstable socially and economically than the late starters.

However, since the average age of beginning heavy drinking (mean age 26.9 years) in fact tended to precede such indicators of social and economic stability as marital break-up (mean age 33.1) and onset of chronic unemployment (mean age 37.7), the full explanation of the temporal relationship between heavy drinking and social instability is by no means unambiguous. It is reasonable to conclude

that heavy drinking did contribute to social and economic instability; but that the relationship is also reciprocal.

ALCOHOLISM SYMPTOMS

The symptoms of alcoholism which we chose to explore are loss of control, blackouts, shakes, morning drinking and decrease in tolerance. Increase in tolerance, which is a symptom listed by Jellinek we found too difficult to locate precisely in time, whereas decrease in tolerance, among those who have experienced it, was more readily recalled as it was more recent and perhaps more noticeable. Two other symptoms, delirium tremens and alcoholic hallucinosis which are generally considered withdrawal symptoms, we deal with separately since the numbers experiencing them are too small to compare statistically with the other symptoms but sufficiently sizeable to suggest their importance.

Is there an order to the appearance of these symptoms? Do they all occur in our group; and when do they occur in relation to other events (such as heavy drinking)? Will we be able to find any factors in the chronic offender's life such as his background and his social and occupational level, that might be related to the development of these symptoms, or will there be even less relationship between those factors and heavy drinking?

We will define the symptoms before discussing their occurrence.

Loss of control.- This is the inability to stop drinking once drinking is begun. It is considered by many to be a physical demand for alcohol after a first drink.

"Any drinking of alcohol starts a chain reaction which is felt by the drinker as a physical demand for alcohol" (25, p. 679). This inability of the alcoholic to control the amount taken once any liquor has been imbibed is concluded to be a myth by at least one author (36). Julius Merry showed that following 63 'doses' of one ounce of vodka disguised in orange juice given to 9 hospitalized alcoholic patients of the addictive or loss-of-control type, any degree of craving for more alcohol was reported on 15 occasions only. Also when water was substituted for vodka in the orange juice, the craving scores did not differ from those after the vodka. Merry concluded that "psychological and environmental factors may be more important influences in initiating "loss-of-control" drinking than imbibing a single drink of alcohol".

However, whether the reasons are physical or environmental, loss of control is a definite felt symptom and described by alcoholics as the inability to stop drinking once started.

Blackouts or alcoholic amnesia is a form of retrograde amnesia associated with excessive intake of alcohol, where events during the drinking period cannot be remembered.

Shakes[23] are a kind of tremulousness resulting from alcoholic withdrawal.

Morning drinking is satisfying the need to consume alcohol first thing in the morning (on awakening) in order to "straighten out" (physically and mentally).

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[23] This is the colloquial term for the more technical term 'tremors'. We use them interchangeably.

Decrease in tolerance is a manifestation of chronic alcoholism in which a significantly smaller amount of alcohol (as little as one-half) may be sufficient to produce alcoholic stupor, than was formerly required.

Straus and McCarthy (52) with reference to homeless men in New Haven, suggest that "a significant segment of this population, perhaps half, does not exhibit the criteria of alcohol addiction such as insatiability and loss of control". They feel that the drinking is pathological but not addictive. However, these were homeless men, not necessarily chronic drunkenness offenders, and the "pathological drinkers" may well describe what we would consider non- (or possibly pre-)alcoholic heavy drinkers, rather than chronic drunks.

At any rate, loss of control is the symptom which occurs most frequently among our group of C.D.O.s (in 88.3% of the cases). Decrease in tolerance occurs least frequently (47.6%) - as we would expect since decrease in tolerance occurs only after prolonged excessive drinking (22). All of the symptoms, as Table XI-19 shows, occur in some of the group.

Neither the appearance nor the order of appearance is invariable, but the largest proportion of men in our chronic drunkenness offender group experienced the symptoms in this sequence: (1) loss of control, (2) morning drinking, (3) blackouts, (4) shakes, and (5) decrease in tolerance (Appendix VIII-a).

TABLE XI - 19

AGE AT INITIAL OCCURRENCE OF SYMPTOMATIC EXPERIENCES

	Loss of Control		Morning Drinking		Blackouts		Shakes		Decrease in Tolerance	
	N	%	N	%	N	%	N	%	N	%
Under 16	-	-	2	.9	2	.9	-	-	-	-
16 - 20	5	2.2	7	3.0	10	4.3	2	.9	-	-
21 - 25	29	12.6	28	12.1	19	8.2	12	5.2	-	-
26 - 30	47	20.3	43	18.6	29	12.6	38	16.5	4	1.7
31 - 35	47	20.3	30	13.0	24	10.4	34	14.7	17	7.4
36 - 40	45	19.5	21	9.1	30	13.0	33	14.3	25	10.8
41 - 45	14	6.1	12	5.2	22	9.5	21	9.1	23	10.0
46 - 50	11	4.8	5	2.2	12	5.2	5	2.2	23	10.0
51 - 55	5	2.2	4	1.7	5	2.2	3	1.3	10	4.3
56 and over	1	.4	1	.4	6	2.6	4	1.7	8	3.5
Not Experienced	14	6.1	41	17.7	31	13.4	46	19.9	90	39.0
N.A.[a]	13	5.6	37	16.0	41	17.7	33	14.3	31	13.4
Total	231	100.1	231	99.9	231	100.0	231	100.1	231	100.1
Number Experiencing	204	88.3	153	66.9	159	68.9	152	65.8	110	47.6
Mean Age	31.0		31.5		34.7		34.8		43.0	
Median Age	30.1		27.6		32.1		31.5		40.0	
S.D. in Years	4.1		8.5		10.2		8.1		8.0	

[a] N.A. includes those cases where the date could not be accurately established.

In order to see if chronic drunkenness offenders experienced the same symptoms in the same order as other alcoholics, we compared our sample with three other alcoholic populations (Table XI - 20). All other three groups experienced blackouts as the first symptom whereas it was the third symptom experienced by the C.D.O. Group.

TABLE XI - 20

COMPARISON OF AGE AT ONSET OF SYMPTOMS WITH OTHER ALCOHOLIC POPULATIONS

(Mean Ages)

Symptom	Population			
	Jellinek[a]	Trice and Wahl[b]	Glatt[c]	C.D.O.
Blackouts	21.5	29.5	30.1	34.7
Loss of Control	27.6	36.0	34.4	31.0
Morning Drinking	29.9	35.6	35.3	31.5
Shakes	32.7	38.6	37.2	34.8
Decrease in Tolerance	-	38.4	38.3	43.8
Number	(98)	(252)	(192)	(231)

[a] Jellinek - 98 out of 158 returned questionnaires (1,600 copies sent out) from U.S. Alcoholics Anonymous members. May, 1955.

[b] Trice and Wahl - 119 A.A. affiliates and 133 non-affiliates. In part, patients in Mendota State Hospital (Wisconsin) 1958.

[c] Glatt - 192 male admissions (voluntary) to hospital for alcoholism treatment in Warlingham Park Hospital, London, England, 1952-56.

When we compared the 4 groups in pairs, we found that the other 3 groups were similar to one another but the C.D.O. group differed, notably in the much more advanced age at which decrease in tolerance appeared in our group than in the others.

However, except for the unique position of blackouts in the chronic offender group, there seems to be an otherwise consistent pattern of age of onset of alcoholic symptoms, and all alcoholics appear to develop similar symptoms. The fact that decrease in tolerance is postponed to a later age among C.D.O.s may be attributed to the effect of their frequent incarcerations which prevents a steady intake of alcohol, just as it appears to maintain a fairly good physical condition (Ch. XII - p. 62. This study). Goodwin *et al.* (17) also found that 64 per cent of 100 interviewed hospitalized alcoholics had experienced blackouts, not as a first symptom but "midway or late in the course of alcoholism", (p. 1033).

All of the men have not experienced all of the symptoms. A few probably never will experience them, perhaps because they are not true alcohol addicts. Some have not been drinking long enough, in which case they probably will experience them eventually. The largest group, 71 men, experienced three symptoms, 66 have experienced all 4, while there were 32 each for two and one symptoms. (This is excluding loss of control which was omitted because it occurred in almost every case). The smallest number, 14, have experienced none of the symptoms (Table XI - 21). Of these 14, 5 are epileptics and 6 of the remaining 9 are too young to be alcoholics as yet - although it is probably just a question of time.

OCCURRENCE OF VARIOUS COMBINATIONS OF SYMPTOMS

Symptom(s)	Same 5 Year Period		Different 5 Year Period		Total	
	N	%	N	%	N	%
A. No Symptoms	-	-	-	-	14	6.1
B. Single Symptoms						
1. Morning Drinking	-	-	-	-	5	2.2
2. Blackout	-	-	-	-	7	3.0
3. Shakes	-	-	-	-	7	3.0
4. Decrease in Tolerance	-	-	-	-	13	5.6
					32	13.8
C. Two Symptoms						
1. Morning Drinking + Blackout	3	1.3	3	1.3	6	2.6
2. Morning Drinking + Shakes	4	1.7	6	2.6	10	4.3
3. Morning Drinking + Decrease in Tolerance	-	-	2	.9	2	.9
4. Shakes + Blackout	5	2.2	2	.9	7	3.1
5. Shakes + Decrease in Tolerance	-	-	1	.4	1	.4
6. Blackout + Decrease in Tolerance	1	.4	5	2.2	6	2.6
	13	5.6	19	8.3	32	13.9
D. Three Symptoms						
1. Morning Drinking, Shakes + Decrease in Tolerance	-	-	10	4.3	10	4.3
2. Morning Drinking, Shakes + Blackout	6	2.6	37	16.1	43	18.7
3. Morning Drinking, Decrease in Tolerance + Blackout	-	-	10	4.3	10	4.3
4. Shakes, Decrease in Tolerance + Blackout	2	.9	6	2.6	8	3.5
	8	3.5	63	27.3	71	30.8
E. Four Symptoms	2	.9	64	27.7	66	28.6
None or any combination of symptoms					215	93.2
N.A.					16	6.9
Total					231	100.1

Jellinek (22, p. 149) says that the time necessary for the addictive process to take place is 3 to 15 or more years after the commencement of heavy drinking.

Although we found (Table XI - 22) that 42 men (18.2%) experienced at least their first alcoholic symptom in the same year that they began to drink heavily, we should remember that the age of onset of heavy drinking is a much less precise event than that of the symptoms. The first morning drink, for example, is an observable occurrence which can be pinpointed exactly. Some of the 42 men possibly felt they began to drink heavily only when they lost control; for others, the two events may be fused through the mists of time and alcohol. But generally, each event, perhaps because sufficiently traumatic, was recalled and distinguished by the men and tended to occur in a progression. Approximately half the men acknowledging loss of control experienced it within 5 years of onset of heavy drinking whereas a little more than half experienced decrease of tolerance up to 15 years after heavy drinking began.

When heavy drinking started early, all the symptoms with the exception of morning drinking, started early (Appendix VIII - b), and the earlier any one symptom occurred, the earlier the rest of them occurred.

We know that duration of heavy drinking is related to age (that is, a 25-year-old could not possibly have been a heavy drinker as long as a 50-year-old could). When we hold age constant we also hold duration of heavy drinking constant which is one explanation why many of the significant relationships disappear.

TABLE XI - 22

INTERVAL BETWEEN HEAVY DRINKING AND OTHER SYMPTOMATIC FORMS OF DRINKING BEHAVIOUR

(N = 231)

Interval	Morning Drinking		Loss of Control		Shakes		Blackouts		Decrease in Tolerance	
	N	%	N	%	N	%	N	%	N	%
Both in Same Year	26	11.3	42	18.2	16	6.9	9	3.9	1	.4
1 - 5 years	46	19.9	60	26.0	30	13.0	45	19.5	14	6.1
6 - 10 "	36	15.6	53	22.9	47	20.3	33	14.3	18	7.8
11 - 15 "	19	8.2	27	11.7	28	12.1	30	13.0	30	13.0
16 - 20 "	9	3.9	17	7.4	18	7.8	19	8.2	25	10.8
21 - 25 "	-	-	1	.4	2	.9	7	3.0	13	5.6
26 - 30 "	-	-	1	.4	2	.9	1	.4	5	2.2
31 or more	-	-	-	-	2	.9	3	1.3	3	1.3
No Experience[a]	41	17.7	16	6.9	46	19.9	31	13.4	91	39.4
N.A.	38	16.5	11	4.8	32	13.9	41	17.7	31	13.4
Reverse										
1 - 5 years	9	3.9	-	-	5	2.2	5	2.2	-	-
6 - 10 "	5	2.2	3	1.3	3	1.3	5	2.2	-	-
11 or more	2	.9	-	-	-	-	2	.9	-	-
Total Experience	152	65.9	204	88.3	153	66.3	159	68.9	109	47.2
Mean	6.2		6.6		9.2		9.7		14.5	
Median	2.8		2.9		5.8		6.0		8.7	
S.D.	5.1		5.7		6.9		7.2		7.6	

[a] No experience includes both no heavy drinking cases and/or those not having other drinking experiences.

In a total of 39 cases, the symptom was experienced before the onset of heavy drinking. This is difficult to explain except on the grounds that heavy drinking was never specifically defined and, as mentioned above, it is a much less precisely located event than most of the symptoms.

Background and Drinking History in Relation to Symptoms

We examined one sympton as representative of all, in relation to the subject's drinking history and social and economic background. Although loss of control is the earliest and most frequently experienced symptom, we selected morning drinking as the earliest most precisely and consistently recalled symptom, which occurs in two-thirds of the group.

It was not surprising that parents' drinking attitudes and habits, subject's birthplace, education and age at family break-up proved to be unrelated to age at which morning drinking occurred or whether it occurred or not, since these background factors were also unrelated to age at onset of heavy drinking. However, church attendance during adolescence was also unrelated, thus differing from relation to heavy drinking. A complete reversal was the connection between membership in formal groups and morning drinking. We found that individuals who had not belonged to formal organizations were more likely not to have experienced morning drinking ($p<.002$) even though we know they were more likely to have begun heavy drinking early and consequently to have experienced earlier onset of alcoholic symptoms.

A possible explanation for this apparent anomaly is that the men in the younger age groups tended not to

have belonged to formal groups (see p. 46) and these same men have not yet begun morning drinking.

We find the same lack of relationship between such post-adolescent factors as occupational level reached, age of chronic unemployment, whether a person were married or not or duration of marriage, and the age at onset of morning drinking or whether it occurred or not, as we did between the same factors and onset of heavy drinking.

Criminal Career.- If we were to find a positive relation between the chronic offender's alcoholic drinking behaviour (as exemplified by morning drinking) and his criminal behaviour, we would be justified in assuming that the drinking behaviour contributed to the criminal career - or vice versa. For instance, as his alcoholism develops, his need for money combined with loss of steady employment might push him to engage in crime. On the other hand, his criminal career might be sufficiently unsuccessful, or at an end, that alcoholism becomes an alternative deviant-type behaviour. In fact, there appears to be little relationship between the age of onset of morning drinking and the person's criminal career. We do find that those experiencing early first adult arrest for any offence were also likely to have begun morning drinking early, although there was no difference in age of first arrest between morning drinkers and non-morning drinkers.

However, whereas early heavy drinkers tended to have experienced early arrest for drunkenness, this relationship did not hold with early morning drinkers. Nor did the age of onset of morning drinking have anything to do with the type of criminal career.[24] Since minor criminals were very

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[24] See footnote 22, p. 51.

likely to have been early heavy drinkers, we might have expected them also to have indulged in early morning drinking.

The reasons they did not are obscure but it may be that although the time interval between heavy drinking and morning drinking is small (average 6.2 years) nevertheless it is presumably sufficient to allow for different patterns between different types. For instance, non-criminals may become alcoholics more rapidly than criminals, so that being a minor criminal postpones the onset of alcoholism, and hence such persons are not necessarily early morning drinkers.

Duration of Morning Drinking.- We have already seen that the probability of consuming non-beverage alcohol is significantly ($p<.001$) higher with those who have begun morning drinking (see p. 15), indicating an accelerated loss of control and a hastening of the whole process by which a chronic drunkenness offender ends up on Skid Row. This is borne out by our figures which show that C.D.O.s who are morning drinkers are much more likely to be well integrated into Skid Row ($p<.001$) than non-morning drinkers, that they tend to drink chiefly wine, are likely to drink with other Skid Row persons and are far more likely to sleep in illegal places. Furthermore, when we look at the duration of morning drinking, we find that the longer a man has experienced morning drinking the more likely he is to drink wine and non-beverage alcohol ($p<.01$). Since morning drinking is indulged in to overcome morning withdrawal symptoms such as the shakes, the more advanced the state of alcoholism the more acute are those withdrawal symptoms and the stronger the beverage needed to overcome them. Therefore the 'sicker' individual will not wait for the beer parlours to open but will get wine from the wine shops which open at 10 in the

morning. If his need is very great, he will go to the drugstore, which opens at 9, for rubbing alcohol or get shaving lotion even earlier at the variety stores which may open as early as 7 in the morning.

As we might expect, the longer morning drinking has gone on, the occurrence of illusory experiences (delirium tremens and alcoholic hallucinosis in particular) is not only more likely, but also more frequent ($p<.001$).

At this stage the man's eating habits also coincide with the picture we have of a thoroughly integrated Skid Row chronic drunkenness offender. He eats less regularly than the non-morning drinker; and the longer the duration of morning drinking, the less likely he is to eat regularly or even to eat at all during a spree. In addition, morning drinkers had more drunk convictions over the previous 6 years than non-morning drinkers; and those who had been morning drinking for a very short time had fewer than those who had been morning drinking for very long periods.

Our findings show that the physical ability to work is related to morning drinking in this way: morning drinkers of long standing are less able to do heavy work than morning drinkers of short duration. Those who are completely unfit for work coincided with those who had the longest duration of morning drinking. This is not due to age since a significant relationship still holds when we control for age.

At the same time, we found no significant association between either occurrence or duration of morning drinking and such medical aspects as the presence or absence of tuberculosis, central nervous system damage, cirrhosis of the

liver, or history of physical trauma. Nor was weight relative to height found to vary with morning drinking. This is one of the bases for the conclusion in Chapter XII that the physical health of the C.D.O. population is not severely affected by their alcoholism.

Nevertheless, although specific diseases or damage are not affected, it seems that the C.D.O.'s alcoholism is related to a general state of debility.

Neither the occurrence nor duration of morning drinking showed any relationship to the presence or absence of psychiatric ailments nor to the scores on tests of neuroticism or extraversion.

Delirium Tremens and Alcoholic Hallucinosis

Eighty-four (36.4%) of the men in our sample stated that they had no illusory experiences, not even alcoholically induced dreams or nightmares. Ninety-two (39.7%) experienced delirium tremens[25] (D.T.s) or alcoholic hallucinations[26] (A.H.) or both, while 43 men (18.6%) reported "secondary" illusory experiences (Table XI - 23).

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[25] Delirium tremens is generally considered to be a withdrawal symptom and is characterized by threatening visions and acute physical states, such as sweating, tremors and general discomfort.

[26] Alcoholic hallucinosis is characterized by auditory sensations but no extraordinary physical states.

TABLE XI - 23

TYPES OF ILLUSORY EXPERIENCES

Illusory Experience	N	%
Delirium Tremens, Alcoholic Hallucinosis and Nightmares	14	6.1
D.T.s and A.H.	9	3.9
Onset D.T.s, A.H. and Dreams	10	4.3
D.T.s and Dreams	18	7.8
A.H. and Dreams	8	3.5
D.T.s only	25	10.8
A.H. only	8	3.5
Onset D.T.s and Dreams	14	6.1
Onset D.T.s only	6	2.6
Dreams only	23	10.0
No experience	84	36.4
N.A.	12	5.2
Total	231	100.2

Of the 66 men in the sample who have experienced delirium tremens, 29 experienced it once only, 9 men 3 times, 8 men 4 - 5 times and 14 men over 5 times. The mean age at which D.T.s was first encountered is 37.5 years, the median is 33.7 and the standard deviation 8.5 years. This means that it occurred after the onset of all the other symptoms except decrease in tolerance. Non-morning drinkers are highly unlikely to have experienced it. Also the more frequently it occurs, the longer the individual will have been a morning drinker (see p. 67). In other words, delirium tremens appears to be a symptom of a very advanced state of alcoholism.

Thirty men experienced what they felt to be the onset of delirium tremens which did not develop into an actual attack of delirium tremens. The reason it failed to do so is not clear.

Alcoholic hallucinations which have been experienced by 49 men in the sample tend to occur earlier than D.T.s (mean age 35.7) but still later than any other symptom except decrease in tolerance. Although at first glance it appears that the earlier D.T.s and A.H. were encountered, the earlier was the onset of heavy drinking; when we control for age the relationship disappears. The age of onset of both, however, is positively associated with the age of onset of morning drinking.

Summary

Alcoholism, as we know it in North America follows a certain developmental pattern of symptoms. With minor differences in order and spacing, our group of chronic drunkenness offenders presents the same symptoms: loss of control, morning drinking, blackouts, shakes, and decrease in tolerance.

The chronic offender group shows both inability to abstain and inability to stop. It has been suggested that the C.D.O.s' noticeable lack of desire for alcohol while in jail indicates that their drinking is a matter of situational pressures rather than dependence. However, this does not follow since our men are spree rather than plateau drinkers. Spree drinkers (those who exhibit what Jellinek (22) calls Gamma alcoholism)tend to drink to insensibility after which they stop drinking for a few days or weeks. For the C.D.O., this period of abstention usually coincides with a term in jail.

Loss of control which is the first real symptom of alcoholism to develop, is closely linked to heavy drinking. If heavy drinking in our group commenced early, so did loss of control.

Differences within the sample in the development of alcoholism symptoms appear to be independent of the particular family and background factors we examined: parents' drinking attitudes and habits; subject's birthplace and education; church attendance during adolescence; age at family break-up; occupational level reached; and duration of marriage or whether the person were married or not.

Variations in the drinking pattern of the chronic drunkenness offender group from other alcoholic groups appears not in significant differences in the symptoms or their sequences, but in attendant drinking behaviour.

The chronic offender begins to change his pattern from that of other alcoholics with the onset of the compelling urge to have a drink on awakening in the morning. When alcoholics from the middle and upper classes begin morning drinking they can indulge in their usual form of liquor. Because of his lack of money and a permanent home, the C.D.O. is unable to keep a supply on hand and therefore must go out to get the first and easiest drink available. This tends to be wine and non-beverage alcohol. Thus social and economic circumstances at that point dictate the type of beverage he drinks and gradually it becomes his beverage of choice. As a wine drinker he becomes a social drinker; also he is much more likely to drink in public and other illegal places. He gets arrested more frequently and becomes more tightly involved in the revolving door system as well as more thoroughly integrated into Skid Row.

INITIAL DRINKING EXPERIENCE

We explored the age at which the chronic drunkenness offender took his first drink, to see if this factor contributes in any way to his subsequent drinking behaviour. Does he begin drinking earlier than other members of society? Is the age of initial drink related to the age of onset of heavy drinking or of morning drinking? Our natural expectation would be that the earlier the individual took his first drink, the earlier he would experience heavy and morning drinking.

There is little consistent information in the literature as to whether there are significant differences in the age at which individuals had their first drink of alcohol, among different drinking groups (including alcoholics). Most findings show an average age of 17 to 18 years, excluding accidental, ritualistic, or ceremonial experiences (13,51,.55, 62).

Maddox (31) in a summary of research on teenage drinking gives 13 to 14 as the usual age at which teen-agers have their first drink. Lourie (29) studied a group of alcoholics or "more or less addictive drinkers" ranging in age from 5 to 14. Mackay *et al*. (30) found among 50 juvenile problem drinkers that first drink was taken at the age of 13 to 14.

There is some evidence that permissive attitudes in the home lead to earlier contact with alcohol and that a restrictive climate delays this experience (14, 31,56). Cramer and Blacker, studying 72 incarcerated female problem drinkers or drunkenness offenders found that early onset of problem drinking was facilitated where there were alcoholic parents. (6).

The median age of the clinic patients studied by Gibbins (13) was one year earlier among those patients who had heavy drinking parents than those with either moderate or abstaining parents.

MacKay (30) found among 50 adolescent problem drinkers whose age at first drink averaged 13, a lack of both parental sanction and regulation. Although the very first drink was usually taken in a spirit of adventure, he suggests that early problem drinking "is caused by and is an attempt to cope with their severe emotional problems." (p. 276). These problems tend to be ones of depression, hostility, and sexual confusion.

Regarding alcoholics, Ullman (56) reports that addictive drinkers had their first drink later than non-addictive. He also says that addictive drinkers are more affected by first drink, more likely to drink outside the home and more likely to experience a delay in encountering the second drink.

In our sample group of 231 chronic offenders, 83.8 per cent stated that they had their first drink of an alcoholic beverage before they were 21.[26] (Table XI - 24). The mean age is 17.7 years, the median 15.5 with a standard deviation of 4.2 years.

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[26] Drinking experiences before the age of 11 have been excluded, even though a few subjects recalled accidental or adventuresome encounters with alcohol during their childhood. An example: "My father kept some home-made liquor in a kitchen cabinet. It was fermented juice with added alcohol. I stole a bottle and took it to an upstairs bedroom and drank it. I passed out and my mother called a doctor. He told her: "Your son isn't sick - he's just blind drunk!"

TABLE XI - 24

AGE AT FIRST DRINK

Age	Number	Per Cent
11 to 15 years	68	29.4
16 to 20 "	128	55.4
21 to 25 "	22	9.5
26 to 30 "	9	3.9
31 to 35 "	4	1.7
Total	231	99.9

A detailed comparison with findings of other studies was not possible because of difference in age categories. By interpolation we were able to compare the proportion of various populations who had had their first drink before the age of 18 (Table XI - 25). Two of the other populations were alcoholics and one was made up of male college students. Although a slightly higher proportion of chronic offenders began drinking before 18, there was no statistically significant difference among the four distributions.

TABLE XI - 25

COMPARISON OF PROPORTIONS OF FOUR DRINKING GROUPS EXPERIENCING FIRST DRINK BEFORE EIGHTEEN YEARS OF AGE

Study Population	Total	Per Cent under 18
Wellman[a]	554	42.1
Straus and Bacon[b]	10,526	47.0
Ullman[c]	120	42.5
C.D.O.[d]	231	51.9

[a] 554 returns to mailed questionnaire sent out to 3,900 ex-patients of Shadel Sanitorium (for Alcoholics) 1956. Total included females but only males used in Table.

[b] Most of total participating population of 10,526 U.S. college males (1949-51).

[c] 126 male "addictive drinkers".

[d] Sample of male chronic drunkenness offenders, Toronto, 1960-61.

Original Drinking Associates.- Almost all (96%) of our group had their first drink outside the home. When an individual had his first drink before he was 16 years old, he was very likely to have had it with children his own age, not adults. But of the total 191 subjects who had their first drink before the age of 21, only 84, less than half, drank with their peers (Appendix IX). Nine had their first drink with members of the family and 67 drank with adult friends or older work or military associates. Eighteen had their first drink alone and were relatively old (average age 19½ years) when they had their first drinking experience.

It seems that whether their families approved of drinking or not, the individuals either were not actively encouraged to have their first drink within the family or else they simply chose to be one of the boys in taking their first drink.

Age at First Drink and Other Drinking Experiences.- In relating age at first drink to age at onset of heavy drinking and of morning drinking, we find as expected that the younger the person was when he had his first drink, the earlier the onset of heavy drinking occurred ($p<.001$) and the greater the likelihood of early onset of morning drink. A similar trend in the expected direction occurs between age at first drink and age at onset of heavy and morning drinking. Over two-thirds of the group of chronic offenders had been intoxicated before they were 21 years of age and 12.6 per cent before they were 16 (Table XI - 26).

However, when we control for age by finding the mean for each 5-year interval age group, the significant difference disappears which indicates that the relationship could be the function of chronological age alone. That is, the person who begins early does not go through the stages in an accelerated fashion.

TABLE XI - 26

AGE AT FIRST INTOXICATION

Age	Number	Per Cent
Under 16	29	12.6
16 to 20	126	54.5
21 to 25	41	17.7
26 to 30	14	6.1
31 to 35	6	2.7
36 to 40	5	2.2
41 to 50	0	0.0
51 to 55	1	.4
N.A.[a]	9	3.8
Total	231	100.0

[a] Includes 5 epileptics

In sum, it seems that the age at which chronic drunkenness offenders had their first drink was about the same as that of other drinking populations, both alcoholic and non-alcoholic. This differs from Ullman's findings that addictive drinkers had their first drink later than non-addictive. It would support his theory, however, that they tend to have their first drink outside of the home.

On the whole the age at which a person has his first encounter with alcohol appears to be the result of a variety of circumstances and forces, and little significance should be placed on the event itself. It is in relationship to other events, both subsequent and antecedent, where profitable information is likely to be found.

With this in mind, we examined certain factors related to drinking in the communities and families in which these men were brought up.

COMMUNITY BACKGROUND

There is very little empirical information in the literature concerning the relationship between community drinking behaviour and individual drinking behaviour. Yet it is reasonable to suppose that the environment with respect to opportunities to drink, the social and legal sanctions involved, might have some influence on the drinking behaviour of the individual.

We would expect to find that where outlets for liquor were readily available, and attitudes towards drinking were tolerant, more drinking would occur than in an intolerant atmosphere with no legal outlets.

Review of the Literature

Some authors (3, 9) have discussed this matter from a purely theoretical position. Many communities have conducted surveys on alcoholism but have not included any systematic attempt to relate background factors. Others, like the California Drinking Practices Study (5) have begun to focus to a certain extent on this area.

Generally, they have all been descriptive studies. Relationships through time, if examined at all, have been established retrospectively. The notable exception is that of McCord and McCord (34) but community drinking behaviour was not included.

Dewar and Sommer (8) in their Prairieville Study, looked at changes in community drinking behaviour when a

community changed from "dry" to "wet". Their findings were that (a) there was no marked change in the absolute amount of alcoholic beverage consumed and (b) the main change was that more of the drinking took place in public places, particularly by women.

A more extensive study of the relationship between outlets and drinking behaviour was undertaken in Finland (40). The findings were that the overall effect of availability of outlets on drinking behaviour was small, being more noticeable in rural than urban areas. Little if any change occurred in the group which seldom or never drank anyway, a greater change being in the group which already drank heavily. Also there was no general increase in excessive drinking when outlets were available. The only change of opinion concerning introduction of outlets was among women, who expressed a negative attitude towards it.

Pullman (43) in his study of attitudes towards alcohol concludes that "attitudes towards the use of alcoholic beverages were found to conform to general value systems which reflect the economic position and social participation of residents" (p. 635).

Community drinking behaviour was one of the factors studied by Gibbins (13). He found that community attitudes were significantly related to parental attitudes. The particular findings were that abstaining parents were more likely to come from a dry community than either moderate or heavy drinkers. Unfortunately his point in time was when the subject began drinking which differs from the present study, so that a direct comparison cannot be made.

An assessment of the available literature is unrewarding in terms of evidence and information as to the relevance of community background factors in either the etiology or genesis of the individual drinking behaviour.

We examined the communities in which the men in our sample grew up in respect to two aspects of their drinking situation: (1) the kind of outlets available for purchase and consumption of alcoholic beverages and (2) the community attitude towards drinking.

If the community was "wet", then such legal outlets as public drinking places (lounges, dining rooms, taverns) or retail stores (liquor, beer, wine) were accessible. In some places alcoholic beverages were legally obtained through the mail. Some communities, notably in rural areas, were legally wet, but the nearest outlet a considerable distance away.

The attitude was assessed from a subjective evaluation made by the individual drunkenness offender and therefore liable to bias and incomplete knowledge: it may, for example, reflect neighbourhood rather than community attitude. Also the retrospective nature of this information makes for limited and selective recall. Checks for consistency (in terms of other statements of the same informant) and reliability (in terms of evidence from other sources) were made, however, and generally the data can be considered valid.

The prevailing community attitude towards drinking was assessed as 'generally accepted', 'neutral' and 'dry'. In coding the responses we decided to combine the neutral group with the generally accepted, since most of the neutral

replies indicated, through supplementary comments, that the attitude was really one of acceptance. For instance, many stated that excessive drinking and drunkenness were not accepted but 'ordinary' or 'regular' drinking was.

The majority of men in our sample grew up in communities which supported drinking both in their attitude of approval and in their state of being 'wet'. Only 29.5 per cent of the men were raised in dry communities and even fewer (20.8%) felt their childhood communities had attitudes of disapproval (Table XI - 27).

TABLE XI - 27

OUTLETS AND ATTITUDES OF COMMUNITY OF CHILDHOOD

Community Attitude	Dry[a]		Wet		Total	
	N	%	N	%	N	%
Approved	36	15.6 (53)[b]	141	61.0 (90)	177	76.6
Disapproved	32	13.9 (47)	16	6.9 (10)	48	20.8
N.A.	-	-	-	-	6	2.6
Total	68	29.5 (100)	157	67.9 (100)	231	100.0

[a] Dry: any community having no legal outlets for the purchase of alcoholic beverages.

[b] Figures in brackets are the percentages of outlet frequencies.

When a community was wet, the prevailing attitude of the community was one of approval (in 90% of the cases) whereas in dry communities the attitude did not coincide with the regulations: only 47 per cent disapproved of drinking.

Did the drinking habits and attitudes in the home conform to those in the community? In order to find out, we estimated the parents' habits as 'both drinking excessively', 'both moderately', 'both abstaining' or 'discordant' (one drinks more heavily than the other), and related them to the type of community (regarding liquor outlets and attitudes) in which they lived. We then related the parents' attitudes towards drinking in the same manner (Tables XI - 28 and XI - 29).

TABLE XI - 28

PARENTS' DRINKING HABITS COMPARED WITH COMMUNITY OUTLETS AND ATTITUDES

Parents' Habits	Community Attitudes and Outlets									
	Dry and Dis-approve		Dry and Approve		Wet and Dis-approve		Wet and Approve		Total	
	N	%	N	%	N	%	N	%	N	%
Both Excessively	1	3.4	2	6.1	-	-	10	8.1	13	6.5
Both Moderate	4	13.8	8	24.2	-	-	27	21.8	39	19.5
Both Abstain	11	37.9	1	3.0	9	64.3	18	14.5	39	19.5
Discordant	13	44.8	22	66.7	5	35.7	69	55.6	109	54.5
Total	29	99.9	33	100.0	14	100.0	124	100.0	200[a]	100.0

[a] N.A.s and others omitted (31 cases).

The attitudes of the parents towards drinking appeared to be independent of the customs of the community, but certain of their habits were related. Parents who drank to excess seldom lived in communities which disapproved of drinking (only 7.7% did so) whereas 92.9 per cent of the parents who drank excessively lived in communities which approved of drinking. Of the 109 pairs of parents with discordant drinking habits, 83.5 per cent lived in approving communities and only 16.5 per cent in disapproving (Table XI - 28).

TABLE XI - 29

PARENTS' ATTITUDES COMPARED WITH COMMUNITY OUTLETS AND ATTITUDES

Parents' Attitudes	Community Attitude									
	Dry and Dis-approved		Dry and Approved		Wet and Dis-approved		Wet and Approved		Total	
	N	%	N	%	N	%	N	%	N	%
Both Positive	-	-	3	9.1	-	-	11	8.9	14	7.1
Both Negative	6	20.7	6	18.2	6	46.2	23	18.7	41	20.7
Both Neutral	11	37.9	12	36.4	2	15.4	42	34.1	67	33.8
Discordant	12	41.4	12	36.4	5	38.5	47	38.2	76	38.4
Total	29	100.0	33	100.1	13	100.1	123	99.9	198[a]	100.0

$x^2 = 8.00$, 8 d.f., not significant

[a] N.A. and others omitted (33 cases).

Thus the chronic offenders were not brought up by parents who, through their drinking, were deviants from the prevailing mores (except perhaps in the quantity they drank).

We next attempted to find out if the community (or neighbourhood) opportunities for and attitudes towards drinking had any effect on certain drinking experiences of the chronic offender. Is the person brought up in a community which approves of drinking more likely to begin heavy drinking early? The absence of a control group limited us to intra-group analysis.

We found (see Table XI - 17 and discussion p. 42) that the age at which heavy drinking began was not connected with community outlets and attitudes. Nor was there any significant relationship between community drinking background and age at which first drink was taken, age at first drunk, and age at drinking non-beverage alcohol for the first time.

In summary, the majority of subjects grew up in an environment that was supportive of drinking as measured by both legal outlets for alcoholic beverages and by the community attitude. However, although the vast majority of parents came from approving communities, there were a certain number of disapproving communities. Heavy drinking parents were far less likely to be found in communities which disapproved of drinking than abstaining parents were likely to be found in approving communities. Presumably, the dry community is much more uncomfortable for the drinker than a wet community is for the abstainer.

In this examination of the possible relationship between the drinking behaviour (as measured by outlets and attitudes) of the community in which the subject grew up and his parents' and his own drinking behaviour, we come to the general conclusion that they are not related.

The existence of community outlets was never a significant factor in itself, except when related to community attitudes. These, however, were significantly related to parents' habits in that parents who drank immoderately generally lived in communities with an approving attitude towards drink. Presumably if the attitude is favourable, the liquor will be available through other than legal outlets.

PARENTAL DRINKING BEHAVIOUR

We can hardly imagine that the way in which parents regard the drinking of alcohol and the amount they consume have no effect on their offsprings' drinking behaviour. A considerable body of literature exists on the subject and from a perusal of it we might expect our own findings to show either that excessive drinkers had excessively drinking parents or that they are likely to emerge where there is conflicting drinking behaviour of the parents: for example, where the father is a drunk and the mother an abstainer.

Many of the studies suggest that parental drinking behaviour is positively related to the drinking behaviour of alcoholic offspring (4,21,26,51). Conflicting findings were reported. Lemere et al. (28) found among an alcoholic population in a private alcoholism clinic, an incidence of 62 per cent alcoholism in the parents, but only 16 per cent in a control group. Roe and Burke (45) reported 30 to 40 per cent of alcoholic offspring had alcoholic parents, yet a closer examination showed that whether the offspring were excessive drinkers, moderate drinkers, or abstainers was not related to parents' drinking. McCord and McCord (33) found evidence of parental drinking being related to alcoholism in offspring, in that no alcoholic sons were found in a group of abstaining parents, but were found in groups of both moderate and excessive parent drinkers.

Haer (18) notes that a significant relationship existed between the drinking behaviour of the subjects in his sample and their friends, spouses, fathers and mothers, the association being strongest with peers and weakest with parents. Pascal and Jenkins (38) and Lourie (29) conducted investigations of the early childhood environment of alcoholics. Lourie, studying a group of alcoholic children (up to the age of 14) states that these children are not likely to become adult alcoholics except when they are delinquent psychopaths. Pascal and Jenkins reported a significant difference in the childhood environment of alcoholics compared to controls in their deprivation of need satisfaction (38).

Young (67) in his study of juvenile delinquency reported that general parental influence was a significant factor in the occurrence of delinquency but that parental inebriety itself was not. McCord and McCord (34) reported a similar finding but they made a further distinction between mothers' and fathers' influence. They found that deviant mothers (excessive drinkers or sexual deviants) were likely to have alcoholic sons, but whether fathers were deviant or not was not connected with son's alcoholism. Robins et al. (44) reported evidence indicating that general antisocial behaviour, such as neglect, desertion of the family, illegal acts, and excessive drinking is likely to be associated with various forms of problem behaviour in children, but that excessive drinking by itself is not. Jackson (20) in another study of drinking patterns suggested a more involved relationship between fathers' and offsprings' drinking.

Maxwell (32) made a point which should be kept in mind when assessing parent-child relationships. He reported that whereas 33.4 per cent of the parents drank, 63.3 per cent of the offspring drank. In this as in most other forms of behaviour an inevitable difference occurs between generations in a changing society.

Jackson and Connor's study (21) showed that alcoholics tend to come from homes in which one parent only drank, and that non-drinkers tend to come from homes of abstaining parents; also that alcoholics start heavy drinking at a later stage if they came from homes of parents who were abstainers and who disapproved of drinking. These authors further stated that alcoholics incorporate from parents ambivalent attitudes towards drinking much more than do either moderate drinkers or abstainers. Straus and Bacon (51) found that college students were more likely to follow their parents' behaviour than their advice (or attitudes) regarding drinking. They too found that the students were more likely to be abstainers if both parents abstained than if one or both parents drank.

Wilkinson (64, p. 179) describes a study carried out by Thomas Menaker that compared 30 alcoholics with 30 schizophrenics and 30 'normals' in a Veterans Administration hospital near Boston. All patients were similar in respect to age, education, I.Q., and social class (which was lower class).

He found a very marked difference between the families of the alcoholics and the families of both other groups. Not only did he note disagreement between parents in their attitude towards drinking, and the likelihood of one drinking and the other abstaining, but he found that they evinced the greatest inconsistencies and changes regarding drinking. That is, they were more likely to say one thing but do another, showing inconsistency at best and hypocrisy at worst. The alcoholic patients mentioned such examples as having parents who disapproved of drinking but served liquor to guests, or others who forbade liquor in the house but made money smuggling "hooch" during Prohibition.

Also he found that the drinking habits and attitudes of alcoholics' parents more frequently changed over the years than the other parents.

On the other hand Gladd (14) reported that he did not find an association between parental attitudes towards drinking and the drinking behaviour of their children.

In order to examine the habits and attitudes of the parents of our group of chronic drunkenness offenders, we rated the parents as both drinking heavily, both in moderation, both abstaining, or with discordant habits. Their attitudes we rated as positive (approving), negative, neutral and discordant. Table XI - 30 shows that the majority of the parent couples, 110 out of 201, had different levels of drinking and 77 had differing or discordant attitudes about drinking.

TABLE XI - 30

PARENTS' DRINKING HABITS AND ATTITUDES

Parents' Habits	Attitudes									
	Both Positive		Both Negative		Both Neutral		Dis-cordant		Total	
	N	%	N	%	N	%	N	%	N	%
Both heavily	7	50.0	1	2.3	1	1.5	4	5.2	13	6.5
Both in moderation	3	21.0	3	7.0	27	40.4	7	9.1	40	19.9
Both abstained	-	-	25	58.1	4	6.0	9	11.6	38	18.9
Discordant[a]	4	29.0	14	32.6	35	52.1	57	74.1	110	54.7
Total	14	100.0	43	100.0	67	100.0	77	100.0	201[b]	100.0

[a] Includes disparity between extent of drinking between parents.

[b] N.A. and others (30) omitted.

Note: number of small expected frequencies prevents use of chi-square test

We then combined the parents' ratings into 'approving', 'disapproving' or 'discordant', and 'drinking', 'abstaining' or 'differing'. Fifty-one (25.4%) had positive attitudes and drank, 25 (12.4%) had negative attitudes and abstained whereas 125 (62.2%) had discordant attitudes and habits (Appendix X - a).

These findings certainly indicate that chronic drunkenness offenders are most likely to emerge from families where conflict over drinking existed between the parents thus partially supporting Jackson and Connor's theory and Menaker's finding that alcoholics tend to come from homes in which one parent drank. Whether the parents were actually alcoholic or not we are unable to assess accurately, but 80 per cent of them drank.

Since the parents' habits and attitudes appear to have some relationship to a person's becoming a chronic drunkenness offender, we examined them with respect to such subsequent events in the subject's drinking history, as the age at which the men in our sample had their first drink, first became drunk and began heavy drinking. Table XI - 31 shows that there is very little difference in age at which these events occurred between subjects whose parents drank and approved drinking; abstained and disapproved or were discordant in their drinking habits and attitudes. So it seems that unless a confounding factor exists, parents' habits and attitudes are not related to the age at which these events took place.

We did find that those men who had their first drink before they were 16 tended to have drinking, approving parents although the proportion was not statistically significant.

TABLE XI - 31

PARENTS' HABITS AND ATTITUDES AND C.D.O.S' AGES AT SELECTED EARLY DRINKING EXPERIENCES

Parents' Habits and Attitudes	N	%	Mean Age at:			Median Age Heavy Drink
			First Drink	First Drunk	Heavy Drink	
Positive, drink	51	25.5	17.7 yrs.	19.9 yrs.	26.1 yrs	22.6 yrs.
Negative, abstain	25	12.3	18.2 yrs.	20.3 yrs.	28.4 yrs.	26.0 yrs.
Discordant	125	62.2	17.5 yrs.	20.0 yrs.	26.8 yrs.	23.9 yrs.
Total	201	100.0				

Those who had their first drink under the legal age (21), however, were as likely to have had parents in one category as the other.

We also wanted to see if the parents' drinking behaviour and attitudes were related to the choice of drinking companions at the time the men in our group first began drinking. Would persons with negative abstaining parents tend to have their first drink alone, or with their siblings or with others their own age? Similarly, would the presence of liquor in the home, and a permissive attitude, mean they tended to start drinking in the home?

Of the 50 men whose parents drank and approved, only 4 began drinking in the home, and only 5 of the 122 with parents with discordant habits and attitudes. Those who drank with their adolescent peers were just as likely to have had drinking and tolerant parents as they were to have had negative and abstaining parents (Table XI - 32).

TABLE XI - 32

PARENTS' HABITS AND ATTITUDES (COLLAPSED) AND C.D.O.S' ORIGINAL DRINKING ASSOCIATES

Associates (original)	Habits and Attitudes							
	Positive and Drank		Negative and Abstained		Discordant		Total	
	N	%	N	%	N	%	N	%
Parents, siblings	4	8.0	-	-	5	4.1	9	4.6
Adolescent peers[a]	20	40.0	9	37.6	48	39.3	77	39.3
Adult associates[b]	23	46.0	12	50.0	53	43.4	88	44.9
Alone	3	6.0	3	12.5	16	13.1	22	11.2
Total	50	100.0	24	100.1	122	99.9	196[c]	100.0

$x^2 = 2.38$, 4 d.f., $p<.70$, not significant

[a] Adolescent peers were grouped with parents and siblings to provide sufficient numbers to make the use of a chi-square possible.

[b] Military and work associates, and adult social acquaintances.

[c] N.A. and others omitted (36 cases).

Only 22 of the men had their first drink alone, and their solitary drinking was not related to the habits and attitudes of their parents. We did find a marginally significant difference, using the same categories, in the subjects' drinking associates at the onset of heavy drinking ($p<.05$). This was because solitary drinkers tended to have negative and abstaining parents. There was no difference in parental drinking behaviour related to current drinking associates, but since 87 per cent

of the subjects now drink with Skid Row friends and acquaintances this tells us very little.

When we look at the drinking habits of the parents by themselves, the outstanding feature is the disparity between the mothers and fathers in the amounts that they drank The fathers exceeded the mothers in all the drinking categories, while the number of mothers abstaining was three times the number of fathers (Table XI - 33).

TABLE XI - 33

PARENTS' DRINKING HABITS

Extent of Drinking	Father		Mother	
	N	%	N	%
Total abstainer	43	18.8	121	52.4
Occasionally, in moderation	58	25.1	47	20.3
Regularly, in moderation	40	17.3	17	7.4
Occasionally, got drunk	21	9.1	8	3.5
Heavy Drinker	31	13.4	8	3.5
Alcoholic	13	5.6	2	.9
N.A. and others[a]	25	10.8	28	12.1
Total	231	100.1	231	100.1

[a] Others made up of cases where one or both parents missing.

We collapsed the categories into heavy drinkers, moderate drinkers and abstainers (Appendix X - b) which showed

up the highly significant difference between mothers' and fathers' drinking habits. Where the mothers were heavy drinkers (only 14 cases) there were no abstaining fathers; where the mothers were abstainers, nearly half the fathers were heavy drinkers. In short, fathers tended to be heavy drinkers whether the mothers were or not.

Ninety-three (45.8%) of the men had parents in similar categories (both drank heavily, both abstained etc.) while 110 (54.2%) had parents whose drinking habits were incompatible. The largest discordant sub-category is abstaining mothers with drinking spouses (83 cases or 40.9%).

Undoubtedly the chronic offender has used his father rather than his mother as his drinking model, even to the extent that men whose fathers were heavy drinkers tended to have begun heavy drinking early. We wondered if the C.D.O.'s general opinion of his father were related to his drinking behaviour. We found that subjects who approved of their fathers were more likely to have had fathers who either abstained or drank moderately, and that when the men disapproved of their fathers they were more likely to have been heavy drinkers. This may of course be a kind of identification with their father and therefore an indirect or subconscious disapproval of their own drinking.

Drinking was both a primary and secondary criticism of fathers much more often than it was of mothers in the recalled image of their parents (Table XI - 34). This is understandable since mother's drinking was rarely excessive anyway, but it is also in accordance with the attitudes towards the mothers which were generally more approving than towards the fathers.

TABLE XI - 34

CRITICISM OF PARENTS' DRINKING

Criticism	Mother		Father	
	N	%	N	%
Drinking main criticism	4	1.9	21	10.4
Drinking secondary criticism	8	3.7	24	11.9
Drinking not criticised	201	94.4	156	77.7
Total	213	100.0	201	100.0

$p<.001$

Although there is probably much distortion in the recalled images of their parents, we wished to see if the chronic offenders who painted a poor picture of their parents' drinking behaviour also tended to paint a poor overall picture of how their parents got along. Table XI - 35 shows the relationship between paired parental drinking habits and the subject's recollections of his parents' compatibility.

TABLE XI - 35

PARENTAL DRINKING HABITS AND PARENTAL COMPATIBILITY

Parents' Drinking	Compatible		In-compatible	
	N	%	N	%
Both drink in equal amounts	5	5.0	17	23.0
Only one parent drinks	47	42.0	30	40.0
Both drink equal amounts	29	26.0	21	28.0
Both abstain	30	27.0	7	9.0
Total	111	100.0	75	100.0

$p<.001$

Where both parents drank to the same degree, or where one parent abstained, they were as likely to be compatible as incompatible. But where both parents abstained, they were almost always identified as compatible; where both drank, but to an unequal extent, the parents were disproportionately identified as incompatible.

Why it should be that there is considerable incompatibility where both parents drink but unequally, and not where only one parent drinks is an interesting question. One would imagine that if one person abstains, drinking would be a point of contention in itself, and that the results of heavy drinking (loss of job, shortage of money, abusive behaviour) would make for further marital discord.

We can only offer a tentative explanation. Where one parent abstained, it was invariably the mother. There is a theory that excessive male drinkers tend to be attracted to, or to attract, the long-suffering, martyr-type woman. Such a person might well suffer in silence rather than quarrel with her husband, or perhaps out of fear or prudence restrain her criticism.

This still leaves unanswered another question as to why incompatibility is so much more marked where parents drank different amounts than where they drank to the same degree.

Finally we examined the relationship between parental drinking and the subject's criminal career (Appendix X - c) on the assumption that parental drinking may be related not only to excessive drinking of the offspring, but to other kinds of deviant behaviour - in this case, the criminal career. This appears to be the case, since we find that where both parents drank, the subject was more likely to be a criminal

and less likely to be either a 'drunk only' or a 'petty offender' only, while the reverse is true for subjects whose parents both abstained.

Comparison of parents' drinking habits with other populations.- Are the parents of problem drinkers in general themselves drinkers? We have seen that the vast majority of the parents of our group of chronic drunkenness offenders drank, frequently heavily. Do they differ from other groups of chronic offenders? A comparison with other populations was somewhat limited due to differences in categories. However, using the simplest categories-drinking vs. abstaining - we were able to compare the C.D.O.s with three other populations. (Table XI - 36). Only one, the California Drinking Practices Study, represents a normal population, the other two being groups incarcerated for drunkenness offences.

TABLE XI - 36

COMPARISON OF PARENTAL DRINKING BEHAVIOUR
OF FOUR POPULATIONS

Parental Drinking	Population			
	California Drinking Practices Study[a]	Feeney et al.[b]	Pittman and Gordon[c]	C.D.O.[d]
	%	%	%	%
Both drink	46.2	-	19.8	37.9
Father only	19.1	19.5	17.9	40.8
Mother only	6.2	-	.9	2.0
Both abstained	28.4	80.5	61.3	19.2
Total	99.9	100.0	99.9	99.9
(Number)	(402)	(46)	(106)	(203)

[a] Adult respondents who reported drinking some alcoholic beverage at least once a year. A cross section study of drinking in City of Berkeley (California, 1960).

[b] Sample of chronic drunkenness offenders incarcerated in the Washington D.C. Workhouse on intoxication offences (1952).

[c] Sample of chronic drunkenness offenders incarcerated in the Monroe County Penitentiary (New York, 1953-54).

[d] Chronic drunkenness offenders. This study.

The results of this comparison are quite unexpected, and hardly warrant generalizations about the drinking behaviour of parents of problem drinkers, or even of chronic drunkenness offenders. Comparing two study groups at a time, we find highly significant differences in each case (Appendix XI - a) . In all the chronic offender groups, fewer had parents who both drank than did the normal population. Our group of C.D.O.s had many more 'fathers only' drinking than the other offender groups or the normal group. The Feeney et al. group had the abnormally high percentage of 80.5 with abstaining parents (although the absence of cases in two categories in that study would probably reduce the significance of findings involving this population).

The discrepancies were so great between the groups that we made two further comparisons, this time taking the fathers' and mothers' drinking habits separately, and comparing them with three additional selected populations where more extensive drinking categories were employed. Again we found highly significant differences among all distributions. (Tables XI - 37 (a) and (b)). As in the previous distribution, there is as much difference between the different populations as there is between the chronic drunks and the one normal population (Haer's).(Appendix XI - b).

Although our chronic offender group have fewer abstaining fathers than any other groups, they have considerably more abstaining mothers than Haer's normal group. The normal population is very likely to have parents both of whom drink moderately. Our chronic offender group is most likely to have fathers drinking only and these fathers are much more likely to be heavy drinkers than the fathers in the normal population.

TABLE XI - 37 (a)

COMPARISON OF FATHERS' DRINKING HABITS IN FOUR POPULATIONS

Fathers' Drinking	Haer[a]		Bogue[b]		Jackson and Connor[c]		C.D.O.[d]	
	N	%	N	%	N	%	N	%
Heavy	51	11.2	155	25.3	52	28.6	65	31.6
Moderate	234	51.6	178	29.1	70	38.4	98	47.6
Abstain	168	37.2	280	45.6	60	33.0	43	20.8
Total	453	100.0	613	100.0	182	100.0	206	100.0

[a] Sample matched to represent all segments of Washington State's white population 21 years of age and older.

[b] Selected on basis of probability sampling plan designed to give results that would represent an unbiased cross-section of each of Chicago's 4 major Skid Row areas.

[c] Twenty per cent returns to questionnaire mailed to A.A. members, inmates of Seattle Police Dept., Rehabilitation Farm and hospitalized patients in the University of Washington Research on Alcoholism.

[d] Chronic drunkenness offender sample. This study.

TABLE XI - 37 (b)

COMPARISON OF MOTHERS' DRINKING HABITS IN SAME FOUR POPULATIONS

Mothers' Drinking	Haer[a]		Bogue[b]		Jackson and Connor[c]		C.D.O.[d]	
	N	%	N	%	N	%	N	%
Heavy	50	10.9	12	2.0	7	3.9	18	8.9
Moderate	239	52.0	110	18.0	73	40.8	64	31.5
Abstain	171	37.2	491	80.0	99	55.3	121	59.6
Total	460	100.1	613	100.0	179	100.0	203	100.0

Generally, parents' attitudes towards drinking in our sample coincided with how they drank (Table XI - 38). Over half the mothers (52.2%) disapproved of drinking just as a few

TABLE XI - 38

PARENTAL ATTITUDES TOWARDS DRINKING

Father's Attitude	Mother's Attitude							
	Positive		Neutral		Negative		Total	
	N	%	N	%	N	%	N	%
Positive	14	87.5	9	11.3	26	24.8	49	24.4
Neutral	1	6.3	67	83.8	36	34.3	104	51.7
Negative	1	6.3	4	5.0	43	41.0	48	23.9
Total	16	100.1	80	100.1	105	100.1	201[a]	100.0

[a] One or both parents missing (25) and N.A.s (5) omitted.

more than half (59.6%) themselves abstained. About 23 per cent of the fathers disapproved of drinking and 20.8 per cent actually abstained. Providing they were the same parents who disapproved and abstained, we can at least assume that there was little hypocrisy over drinking in the family.

Only 43 subjects (21.4%) grew up in a home where both parents disapproved of drinking.

Parents' attitudes, either combined or taken separately, were not significantly related to the age at onset of heavy drinking (Appendix X - d). Nor were they related to the age at which the men had their first drink. Thus, although permissive parental attitudes might be expected to encourage drinking

in offspring, the effect does not show up in a hastening of the beginning of drinking or of the onset of heavy drinking.

SIBLINGS' DRINKING BEHAVIOUR

Of considerable relevance to the foregoing discussion of parental drinking in relation to that of the chronic drunkenness offender is a comparison of the drinking behaviour of the C.D.O.s' brothers and sisters. Do the factors we have discussed have a similar effect on all siblings? Another possibility is that siblings' drinking behaviour may have a considerable effect on the C.D.O.'s drinking behaviour particularly if there are older siblings who might act almost as parent surrogates.

It would seem reasonable to expect that the less drinking that occurs in a family group, the less problem drinking would occur, except for extreme and startling cases. It is undoubtedly far more likely that a problem drinker will come from an intemperate drinking family than from a W.C.T.U. family, for example. Therefore we might reasonably expect the chronic drunkenness offender to come from a drinking family.

Our expectations are justified when we find that most of the men (94%) came from families where some or all of the other offspring drank. (Table XI - 39). Only 12 (5.9%) of the 204 men who replied to the question had siblings who were all abstainers. One hundred and forty-eight men (72.5%) had some siblings who drank, and 44 (21.6%) had siblings who all drank.

TABLE XI - 39

SIBLINGS' DRINKING BEHAVIOUR

	Number	Per Cent
None drank	12	5.9
Some drank: no problems	79	38.7
Some drank: some problems	68	33.3
Some drank: all problems	1	.5
All drank: no problems	27	13.2
All drank: some problems	14	6.9
All drank: all problems	3	1.5
Total	204[a]	100.0

[a] 15 N.A.s and 12 with no siblings are omitted.

When we examined the relationship between parental drinking behaviour and siblings' drinking behaviour, a picture emerged which was inconsistent with our other findings and with the literature. The most striking inconsistency was that siblings who had parents with discordant drinking habits were likely to be non-drinkers. On the other hand, we found (p. 88) that chronic offenders were most likely to have parents with discordant drinking habits.

Where both parents drank, all the siblings were highly likely to drink also.

Non-drinkers, according to Jackson and Connor (21) and others (51) tend to come from homes of abstaining parents but we found that where the parents abstained it was very

likely that some of the siblings would drink. The only reason we can postulate is the trend of change between generations. This may also be the reason why the chronic drunkenness offender emerged in this situation but there may be the added subtle influence of the siblings' drinking behaviour on the individual who becomes a C.D.O.

Since the chronic offender is not just a drinker but a problem drinker, we want to know if he is the lone case in his family or if other members are subject to similar forces which make for problem drinking. From Table XI - 39 we see that almost half (42.2%) of the men had siblings who were problem drinkers. However, these problem drinker siblings were no more likely to occur in families where all the offspring drank than where only some of the children drank.

Although siblings who are non-drinkers tend to have parents with discordant drinking habits, and drinking siblings more likely to have abstaining or both-drinking parents, problem drinking among siblings was just as likely to occur whatever the habits of the parents. (A trend was evident, though not statistically significant, indicating that in families where either one or both parents drink excessively there is a greater likelihood of offsprings' encountering drinking problems. Conversely, where one or both parents abstain or drink moderately there is less likelihood of drinking problems in offspring.)

Only 4 men had siblings who <u>all</u> developed drinking problems and 42.2 per cent had siblings some of whom had drinking problems, which makes it difficult to suggest either an individual or a social type of explanation. However, the figures may be inaccurate or, in a sense, irrelevant, for

several reasons. 1. The interviewer noticed a definite tendency of the chronic drunkenness offenders to idealize their siblings, as they did their mothers. 2. It is also possible that of the 106 groups of siblings who drank but had no drinking problems, some who were younger than our subjects would eventually develop problems but had not yet done so. 3. Finally, the siblings' childhood came at different points in time, times perhaps when the parents' drinking habits were different than when the C.D.O. was the same age.

We found no correlation between whether siblings drank or not, and the subjects' age at onset of heavy drinking or whether morning drinking occurred.

Summary.- Chronic drunkenness offenders do not emerge as solitary deviants within the family setting. They very definitely tend to come from families where at least one parent and other members of the family drink. A very strong factor in the shaping of a C.D.O. (in our group) is the existence of conflict over drinking between parents.

This leads us to the interesting point that although chronic offenders were much more likely to emerge where there were discordant habits between parents, siblings with such parents were much more likely to be non-drinkers. The operative factor is discordance between parents on the subject of drinking which appears to produce a violent reaction one way or another - either towards abstention or towards alcoholism.

The chronic drunkenness offenders as youths were not rebelling against the drinking habits and attitudes which they encountered in their parents. Generally they met, and acted in accordance with a permissive climate.

Permissiveness alone however would hardly be likely to produce heavy drinkers and alcoholics. In their longitudinal study of the personality of alcoholics, the McCords (34) found that those persons who later became alcoholics exhibited early in their lives several traits such as aggressiveness, fearlessness, self-sufficiency which in our society are generally regarded as masculine characteristics. Very often lacking a suitable male model they accepted "the most readily available self-image of aggressive manhood" - the prevalent stereotype. This overemphasis on masculinity, the authors suggest, actually covered up dependent, "feminine" tendencies which the men later exhibited as adults. Heavy drinking, perceived as a masculine preoccupation was adopted as the outward behaviour of masculinity.

McKinley in his study of family life and social class, found that men from the 'working' and 'lower' classes are much more likely to identify with their mothers in early life than are men from the middle and upper classes. This frequently happens through lack of an adequate father-figure so that "... certain components of masculine identification commitment to "mature" work and to the husband-father role become problems" (35, p. 157). Their attempt to react against the strong female identification, and their need to find some form of adult and masculine identification frequently lead to that type of behaviour which epitomizes masculinity, namely drinking.

Our group of chronic drunkenness offendere are judged by a psychiatrist to be notably passive dependent individuals (see Chapter XV) who tend to idealize their mothers. Their attempt to react against dependency on their mothers and to identify with their fathers or other males, may account for the high percentage of men who came from families in which the fathers drank and/or approved of drinking and the mothers did neither.

DISCUSSION

In this chapter we have described the drinking behaviour of a sample of 231 male chronic drunkenness offenders incarcerated in the Don Jail for drunkenness. We have looked at their present drinking habits, relating them to their present way of life, and going back through time, examined the development of alcoholism symptoms, the commencement of heavy drinking preceding alcohol addiction, their initial encounter with alcohol and the attitudes and practices concerning drinking within the community and family settings.

The pattern which emerges as distinct from that of other alcoholics is not in the development of different alcoholic symptoms on the part of the chronic drunkenness offender but in the attendant drinking behaviour. Although the men in our sample ranged in age from 26 to 72 and were therefore at various stages in the progression towards complete integration into the pattern, the pattern is as evident as is the inevitability that almost all the men will eventually succumb to it. The pattern is incompatible with living up to the main goals of the parent society - the maintaining of a home and family, steady employment and so on - so that alienation and the drinking behaviour are mutually reinforcing.

The chronic drunkenness offender is primarily a drinker of cheap fortified native sherry - a 'wino'. This wine he drinks with other C.D.O.s, frequently in bottle gangs. His desire to drink with companions is supported by the value placed on sharing by the C.D.O.s. Once started drinking, he finds it impossible to stop until he passes out or is picked up by the police which may be a matter of hours or weeks. Thus

he is a 'spree' drinker rather than a steady 'plateau' drinker. As he gets older, or is more fully integrated into the pattern, he abstains from drinking very infrequently. His periods of abstinence tend to correspond with his jail sentences. In this way he differs from most other drinkers since the periodicity of his drinking is determined by the action of the police and of the Courts.

The development of such alcoholic symptoms as the shakes and morning drinking, combined with his economic situation, has the effect of making him into a drinker of non-beverage alcohol. This is not in preference to wine but in place of it when wine is not available. In other aspects of life he conforms to the Skid Row pattern.

Chronic drunkenness offenders may be viewed as being in many respects conformists rather than deviants. Even early on, although we found that community habits and attitudes had little direct influence on their drinking behaviour, the community was supportive of drinking. Most of their families were drinking families so that drinking itself was an accepted thing. Most of the men, particularly the older ones, had a period of social and economic stability. Their deviation from that type of life usually was not deliberate but a slow breaking away (or being cast off) as drinking became heavier and they became less able to control it. Few sought clinical treatment in the early stages and in the later stages were not actively recruited into treatment, often being considered poor risks. Any treatment received was entered late (an average of 10 years after the onset of morning drinking) and took place usually in a compulsory clinic.

As the men bec me downwardly mobile they bec me more and more integrated into Skid Row, conforming to the norms of this sub-culture in regard to eating, drinking, sleeping, sharing, securing money, and other particulars. Few commit any serious crime, especially after their integration into Skid Row, but they do engage in petty offences, especially stealing.

A fairly widespread belief related to the "under-socialization" hypothesis is that the Skid Row drunks are likely to be products of broken homes, with the implication that lack of a father-guide or a mother's love makes them unable to cope with demanding relationships and tasks. MacKay (30) found a recurrent loss of parental figures in his group of problem-drinking juvenile delinquents, as well as problems of hostility, depression, and sexual confusion which they attempted to push aside through drinking. Pittman and Gordon found that 39 per cent of their chronic police case inebriates came from families which were broken up by the time they were 15 years old and Wahl (58) also found the loss of a parent a significant factor in the etiology of alcoholism.

Howard Bahr, however, points out that family instability rates are frequently 40 per cent higher in the lower class populations. He found that neither the broken home nor the large family was a significant factor in producing either homelessness or excessive drinking (2).

In our C.D.O. group the rates were not as high as Bahr suggested. Sixty-five per cent of the fathers were living at home continuously during the C.D.O.'s first 16 years and 85 per cent of the mothers. About 28 per cent either had no father or father surrogate for this time or the father was

absent for long periods. The chronic offenders may not have had adequate father-models but at least 65 per cent had fathers at home. And if they are to be taken at their word, then 77 per cent of them were happy during their childhood. They did, as we have already pointed out, come from homes where the father drank and where usually there was disagreement between the parents about drinking. But drinking has always been and still is the norm.

Hurwitz and Lelos (19) in studying employed alcoholics came to the interesting conclusion that the dependency conflict may be a major determinant of alcoholism. They suggest that excessive drinking is only one possible coping device for this conflict, that the choices for coping are culturally determined as is the availability of the device chosen. Presumably in a setting where alcohol was unavailable or forbidden, some other means of meeting the conflict would be used.

If the chronic drunkenness offenders have such a dependency conflict - and we have no definitive evidence on this point - the community and family conditions would encourage this mode of adaptation.

Some of the values of the parent society are still felt, if not followed, by the men. Chronic drunkenness offenders seem to recognize implicitly that when a man has reached the stage of drinking wine only, with all the implications of inability to stop or abstain and the general moral deterioration that go with it, he has also reached a point of degradation which even they find unacceptable. The fact that very few admit to having reached this stage, although there can be little doubt to the objective observer that they have, and the use of the term 'wino' as almost an approbrius epithet, indicate that the C.D.O. still has some pride, some image of himself as something other than a complete Skid Row bum.

Drinking itself, however, is seldom seen by them as a cause of their present way of life. They feel they drink so much because they are depressed or have nothing else to do and they tend to think if they just had steady work, money, and security all would be rosy. What they are saying is that they lack situational incentives to control their drinking. This distorted assessment of the situation ignores several things, such as the fact that their lives are now organized around alcohol; that they refuse to keep at the steady work which many of them can get if they wish; and also that one of the most important factors in changing their way of life or maintaining it once other things improved (apart from stopping drinking) is keeping up family relationships.

There is no falling off of the Skid Row C.D.O. population but there is a tendency for younger men to be entering it. (We make this conclusion on the basis that we found no significant difference between the younger and the older C.D.O.s with respect to the duration of Skid Row friendships or to the length of time they have been integrated into Skid Row.) This is probably another way of saying that there appear to be more early starters nowadays than formerly. The alcoholism sequence is the same but is more precipitous for the younger men who have skipped the fairly long period of social and economic stability which the older men, or the late starters experienced in their past.

This entry of younger men into the C.D.O. population may actually be of benefit in the event of concerted rehabilitative action. We have seen that clinical treatment has reached the older men too late. Treatment now would catch a younger group for whom it has been shown there is more hope of successful reinstatement.

APPENDIX I

Type of beverage drunk in relation to various drinking characteristics:

(a)

Duration of Heavy Drinking

Beverage	Below Median		Above Median		Total	
	N	%	N	%	N	%
Wine only or mainly	52	65.0	120	79.4	172	74.5
Wine second or none	28	35.0	31	20.5	59	25.5
Total	80	100.0	151	99.9	231	100.0

$x^2 = 4.94$, 1 d.f., $p<.05$

(b)

Duration of Morning Drinking

Beverage	No Morning Drink		Below Median		Above Median		Total	
	N	%	N	%	N	%	N	%
Wine only or mainly	19	46.3	46	76.6	92	91.0	157	77.7
Wine second or none	22	53.6	14	23.3	9	8.9	45	22.3
Total	41	99.9	60	99.9	101	99.9	202	100.0

$x^2 = 31.52$, 1 d.f., $p<.001$

(c)

Loss of Control

Beverage	Yes		No		Total	
	N	%	N	%	N	%
Wine only or mainly	170	80.9	2	13.3	172	76.4
Wine second or none	40	19.0	13	86.6	53	23.5
Total	210	99.9	15	99.9	225	99.9

$x^2 = 29.77$, 1 d.f., $p<.001$

(d)

Drinking Place

Beverage	Illegal		Public		Private		Total	
	N	%	N	%	N	%	N	%
Wine only or mainly	115	94.2	27	44.2	30	73.1	172	76.8
Wine second or none	7	5.7	34	55.7	11	26.8	52	23.2
Total	122	99.9	61	99.9	41	99.9	224	100.0

$x^2 = 57.82$, 2 d.f., $p<.001$

(e)

Drinking Associates

Beverage	Solitary		Non-Skid Row		Skid Row		Total	
	N	%	N	%	N	%	N	%
Wine only or mainly	17	56.6	4	23.5	151	84.8	172	76.4
Wine second or none	13	43.3	13	76.4	27	15.1	53	23.6
Total	30	99.9	17	99.9	178	99.9	225	100.0

$x^2 = 40.20$, 2 d.f., $p<.001$

(f)

Length of Spree

Beverage	No Sprees		Short Sprees		Long Sprees		Total	
	N	%	N	%	N	%	N	%
Wine only or mainly	3	21.4	73	70.9	94	88.7	170	76.2
Wine second or none	11	78.6	30	29.1	12	11.3	53	23.8
Total	14	100.0	103	100.0	106	100.0	223	100.0

$x^2 = 37.95$, 2 d.f., $p<.001$

(g)

Usual Beverage and Wine Last Spree

Beverage[a]	Usual		Last Spree		Total	
	N	%	N	%	N	%
Non-wine[b]	72	32.0	45	20.0	117	25.9
Wine	153	68.0	182	80.1	335	74.1
Total	225	100.0	227	100.1	452	100.0

[a]The main or usual beverage consumed was coded twice and chi-square test of differences was .06.

[b]A man was classified in the non-wine category only if there was evidence that he never drank it or if it was only tried.

(h)

Number of Drunk Convictions

Beverage	Third		Four to Five		Six or More		Total	
	N	%	N	%	N	%	N	%
Wine only or mainly	60	68.9	55	76.3	58	85.2	173	75.9
Wine second or none	27	31.0	17	23.6	10	14.7	54	24.1
Total	87	99.9	72	99.9	68	99.9	227	100.0

$x^2 = 5.20$, 2 d.f., not significant

(i)

Integration into Skid Row

Beverage	Definitely Integrated		Marginal		Non-Skid Row		Total	
	N	%	N	%	N	%	N	%
Wine only or mainly	142	84.0	13	59.0	14	48.2	169	76.8
Wine second or none	27	15.9	9	40.9	15	51.7	51	23.2
Total	169	99.9	22	99.9	29	99.9	220	100.0

$x^2 = 20.99$, 2 d.f., $p<.001$

APPENDIX II

Drinking non-beverage forms of alcohol in relationship to other alcoholism symptoms:

(a)

Duration of Heavy Drinking

Drinks non-beverage alcohol	Below Median		Above Median		Total	
	N	%	N	%	N	%
No	22	37.9	20	19.1	42	25.8
Yes	36	62.1	85	80.9	121	74.2
Total	58	100.0	105	100.0	163	100.0

$x^2 = 6.85$, 1 d.f., $p<.01$

(b)

Morning Drinking

Drinks non-beverage alcohol	Morning Drinking		No Morning Drinking		Total	
	N	%	N	%	N	%
No	16	12.1	26	83.9	42	25.8
Yes	116	87.9	5	16.1	121	74.2
Total	132	100.0	31	100.0	163	100.0

$x^2 = 67.4$, 1 d.f., $p<.001$

(c)

Decrease in Tolerance

Drinks non-beverage alcohol	More		Same		Less		Total	
	N	%	N	%	N	%	N	%
No	8	33.3	25	48.0	18	18.2	51	30.0
Yes	16	66.7	27	52.0	76	81.8	119	70.0
Total	24	100.0	52	100.0	94	100.0	170	100.0

$x^2 = 14.67$, 2 d.f., $p<.001$

APPENDIX III

Loss of control in relation to age and other drinking characteristics:

(a)

Duration of Heavy Drinking

Loss of Control	Below Median		Above Median		Total	
	N	%	N	%	N	%
Never or seldom	10	7.5	1	1.0	11	4.9
Sometimes and mostly	65	48.9	34	37.0	99	44.0
Always	58	43.6	57	62.0	115	51.1
Total	133	100.0	92	100.0	225	100.0

$x^2 = 11.50$, 2 d.f., $p<.01$

(b)

Morning Drink

Loss of Control	No		Yes		Total	
	N	%	N	%	N	%
Never or seldom	9	22.5	4	2.6	13	6.7
Sometimes or mostly	24	60.0	56	36.9	80	41.7
Always	7	17.5	92	60.5	99	51.6
Total	40	100.0	152	100.0	192	100.0

$x^2 = 31.39$, 2 d.f., $p<.001$

(c)

Duration of Morning Drinking

Loss of Control	Below Median		Above Median		Total	
	N	%	N	%	N	%
Never or rarely	1	1.1	3	4.8	4	2.6
Sometimes or mostly	40	44.4	16	25.8	56	36.9
Always	49	54.5	43	69.4	92	60.5
Total	90	100.0	62	100.0	152	100.0

$x^2 = 3.09$, 1 d.f.[a], not significant

[a]Never + Sometimes combined for chi-square

(d)

Main Beverage Consumed

Loss of Control	Wine Only or Mainly		Beer and Liquor		Total	
	N	%	N	%	N	%
Never or rarely	3	1.8	11	20.8	14	6.3
Sometimes or mostly	63	37.1	33	62.2	96	43.0
Always	104	61.1	9	17.0	113	50.7
Total	170	100.0	53	100.0	223	100.0

$x^2 = 40.40$, 2 d.f., $p<.001$

(e)

Present Age

Loss of Control	Below Median		Above Median		Total	
	N	%	N	%	N	%
Never or Rarely	7	6.2	7	6.1	14	6.1
Sometimes or mostly	58	51.3	41	35.7	99	43.4
Always	48	42.5	67	58.2	115	50.5
Total	113	100.0	115	100.0	228	100.0

$x^2 = 6.09$, 2 d.f., $p<.05$

APPENDIX IV

The consumption of alcohol: when it was resumed after last jail term in relation to whether employment was obtained; and the daily average consumption in relation to length of spree and to present age.

(a)

Drinking After Last Release

Employment	Within 24 hours		Within 2 to 7 days		After 7 days		Total	
	N	%	N	%	N	%	N	%
Yes	76	65.5	33	55.0	15	35.7	124	56.9
No	40	34.5	27	45.0	27	64.3	94	43.1
Total	116	100.0	60	100.0	42	100.0	218	100.0

(b)

Present Age

Average Daily Consumption	Below Median		Above Median		Total	
	N	%	N	%	N	%
1 to 4 oz.	18	23.4	35	43.2	53	33.6
5 to 10 oz.	21	27.3	22	27.2	43	27.2
11 to 16 oz.	21	27.3	16	19.7	37	23.4
17 oz. and over	17	22.0	8	9.9	25	15.8
Total	77	100.0	81	100.0	158	100.0

(c)

Duration of Spree

Average Daily Consumption	Less than 24 hours		1 - 2 days		3 or more days		Total	
	N	%	N	%	N	%	N	%
Below Median	72	72.0	10	45.0	14	39.0	96	60.8
Above Median	28	28.0	12	55.0	22	61.0	62	39.2
Total	100	100.0	22	100.0	36	100.0	158	100.0

APPENDIX V

Drinking associates: in relation to different stages of drinking; presence and duration of morning drinking; length of spree and whether loss of control occurs.

(a)

Stages of Drinking

Drinking Associates	Original Drink		Heavy Drink		Loss of Control		Current		Total	
	N	%	N	%	N	%	N	%	N	%
Parents, etc.	4	1.7	-	-	-	-	-	-	4	.4
Siblings	5	2.2	3	1.3	-	-	1	.4	9	1.0
Adolescent Peers	84	36.3	6	2.6	-	-	-	-	90	9.7
Wife	-	-	2	.9	5	2.2	1	.4	8	.9
Military Associates	23	10.0	38	16.5	15	6.5	-	-	76	8.2
Work Associates	38	16.5	56	24.1	31	13.4	4	1.7	129	14.0
Friends (non-Skid Row)	44	19.0	63	27.2	50	21.6	12	5.2	169	18.3
Friends (Skid Row)	3	1.3	32	13.9	84	36.4	181	78.5	300	32.5
Alone	24	10.4	20	8.7	23	10.0	31	13.4	98	10.6
Others	2	.9	-	-	1	.4	1	.4	4	.4
N.A.	4	1.7	11	4.8	22	9.5	-	-	37	4.0
Total	231	100.0	231	100.0	231	100.0	231	100.0	924	100.0

(b)

Morning Drinking

Drinking Associates	No		Yes		Total	
	N	%	N	%	N	%
Solitary	10	25.0	17	11.2	27	14.1
Non-Skid Row	9	22.5	6	3.9	15	7.8
Skid Row	21	52.5	129	84.9	150	78.1
Total	40	100.0	152	100.0	192	100.0

$x^2 = 23.97$, 2 d.f., $p<.001$

(c)

Duration of Morning Drinking

Drinking Associates	Below Median		Above Median		Total	
	N	%	N	%	N	%
Solitary	8	30.7	9	7.1	17	11.2
Non-Skid Row	3	11.5	3	2.4	6	3.9
Skid Row	15	57.8	114	90.5	129	84.9
Total	26	100.0	126	100.0	152	100.0

$x^2 = 17.56$, 2 d.f., $p<.001$

(d)

Length of Spree

Drinking Associates	No Spree		Below Median		Above Median		Total	
	N	%	N	%	N	%	N	%
Solitary	5	35.7	16	15.4	9	8.6	120	38.3
Non-Skid Row	8	57.1	6	5.8	2	1.9	16	5.1
Skid Row	1	7.2	82	78.8	94	89.5	177	56.6
Total	14	100.0	104	100.0	105	100.0	313	100.0

$x^2 = 70.78$, 4 d.f., $p<.001$

(e)

Loss of Control

Drinking Associates	Not Always		Always		Total	
	N	%	N	%	N	%
Solitary	11	19.3	19	11.1	30	13.1
Non-Skid Row	10	17.5	7	4.1	17	7.5
Skid Row	36	63.2	145	84.8	181	79.4
Total	57	100.0	171	100.0	228	100.0

APPENDIX VI

Heavy drinking: age at which it began, and duration, in relation to various characteristics:

(a)

Birthplace

Subject's Birthplace	Age Heavy Drinking					
	Below Median		Above Median		Total	
	N	%	N	%	N	%
Canada	84	82.4	91	77.1	175	79.6
United Kingdom	10	9.8	18	15.3	28	12.7
U.S.A.	3	2.9	3	2.5	6	2.7
Continental Europe	5	4.9	6	5.1	11	5.0
Total	102	100.0	118	100.0	220	100.0

$x^2 = 1.498$, 3 d.f., not significant

(b)

Birthplace in Canada

Subject's Birthplace	Age Heavy Drinking					
	Below Median		Above Median		Total	
	N	%	N	%	N	%
Maritimes	17	20.5	27	29.7	44	25.3
Quebec	7	8.4	4	4.4	11	6.3
Toronto	18	21.7	22	24.2	40	23.0
Other Ontario	38	45.8	35	38.4	73	42.0
Prairies	3	3.6	3	3.3	6	3.4
Total	83	100.0	91	100.0	174	100.0

$x^2 = 3.514$, 4 d.f., not significant

Median age at commencement of heavy drinking 25.7 years.

(c)

Adolescent Membership in Organizations

Membership in Organizations	Age Heavy Drinking							
	20 and Under		21 to 35		Over 35		Total	
	N	%	N	%	N	%	N	%
None	22	45.8	77	53.8	7	25.0	106	48.4
One only	14	29.2	47	32.9	17	60.7	78	35.6
Two or more	12	25.0	19	13.3	4	14.3	35	16.0
Total	48	100.0	143	100.0	28	100.0	219	100.0

$x^2 = 12.88$, 4 d.f., $p<.02$

(d)

Church Attendance During Adolescence

Church Attendance	Age Onset Heavy Drinking					
	25 and Under		Over 25		Total	
	N	%	N	%	N	%
Frequently	44	46.3	81	69.8	125	59.2
Occasionally	25	26.3	23	19.8	48	22.7
Never	26	27.4	12	10.3	38	18.0
Total	95	100.0	116	99.9	211	99.9

$x^2 = 15.49$, 2 d.f., $p<.001$

(e)

Residential Mobility after Age 16

Residential Mobility	Age Heavy Drinking									
	Under 21		21 to 25		26 to 30		31 and Over		Total	
	N	%	N	%	N	%	N	%	N	%
15 or more years in one community	8	18.6	1	2.2	7	13.7	15	27.3	31	15.9
10 to 15 years in one community	2	4.7	8	17.4	10	19.6	12	21.8	32	16.4
5 to 10 years in one community	8	18.6	5	10.9	20	39.2	15	27.3	48	24.6
$2\frac{1}{2}$ to 5 years in one community	19	44.2	21	45.7	12	23.6	12	21.8	64	32.8
Less than $2\frac{1}{2}$ years in one community	6	13.9	11	23.8	2	3.9	1	1.8	20	10.3
Total	43	100.0	46	100.0	51	100.0	55	100.0	195	100.0

$x^2 = 44.24$, 12 d.f., $p<.001$

(f)

Age at First Adult Arrest

Age First Arrest	Age Onset Heavy Drinking					
	25 and Under		Over 25		Total	
	N	%	N	%	N	%
16 to 21[a]	53	53.5	27	24.8	80	38.5
21 to 25	24	24.2	17	15.6	41	19.7
26 to 30	12	12.1	27	24.8	39	18.7
Over 30	10	10.1	38	34.9	48	23.1
Total	99	99.9	109	100.1	208	100.0

$x^2 = 32.0$, 3 d.f., $p<.001$

[a] (legally treated as adult from age 16)

(g)

Age at First Arrest for Drunkenness

Age First Arrest For Drunkenness	Age Heavy Drinking					
	25 and Under		Over 25		Total	
	N	%	N	%	N	%
25 and under	58	62.4	22	21.6	80	41.0
26 to 35	25	26.9	40	39.2	65	33.3
Over 35	10	10.8	40	39.2	50	25.6
Total	93	100.1	102	100.0	195	99.9

$x^2 = 37.9$, 2 d.f., $p<.001$

1. Both occurring in same 5 year period = 64 = (33%)
2. First arrest for drunkenness occurring first = 40 = (21%)
3. First arrest for drunkenness occurring after = 91 = (46%)

(h)

Criminal Career

Age Onset Heavy Drinking	Drunk only		Petty Offender		Minor Criminal		Serious Criminal		Total	
	N	%	N	%	N	%	N	%	N	%
25 and under	16	42.1	16	34.8	61	57.0	11	32.4	104	46.2
Over 25	22	57.9	30	65.2	46	43.0	23	67.6	121	53.8
Total	38	100.0	46	100.0	107	100.0	34	100.0	225	100.0

$x^2 = 10.96$, 3 d.f., $p<.02$

Using only "Drunk only", "Petty Offender" + "Serious Criminal" categories, $x^2 = .332$, 2 d.f., not significant.

Using these three combined by "minor criminal" - $x^2 = 10.323$, 1 d.f., $p<.001$.

(i)

Present Age

Number of Years of Heavy Drinking	35 and Under		36 to 45		46 to 55		Over 55		Total	
	N	%	N	%	N	%	N	%	N	%
Under 16	30	93.7	30	38.5	12	16.0	5	12.5	77	34.2
Over 15	2	6.3	48	61.5	63	84.0	35	87.5	148	65.8
Total	32	100.0	78	100.0	75	100.0	40	100.0	225[a]	100.0

$x^2 = 70.95$, 3 d.f., $p<.001$

Median age 43.5 years.

Median number of heavy drinking 16.

[a]N.A. and No heavy drinking (6) omitted.

(j)

Number of Drunk Convictions
in the Past 6 Years

Duration of Heavy Drinking	25 and Under		Over 25		Total	
	N	%	N	%	N	%
1 to 10 years	22	20.2	3	3.5	25	12.9
11 to 20 years	51	46.8	33	38.8	84	43.3
21 to 30 years	27	24.8	36	42.4	63	32.5
31+ years	9	8.3	13	15.3	22	11.3
Total	109	100.1	85	100.0	194	100.0

$x^2 = 17.00$, 3 d.f., $p<.001$

Below and above median duration heavy drinking x below and above median number drunk convictions:

$x^2 = 9.43$, 1 d.f., $p<.01$

1 to 10 years and over 31 years duration heavy drinking x below and above median number drunk convictions:

$x^2 = 12.79$, 1 d.f., $p<.001$

1 to 10 years and over 20 years duration heavy drinking x 3-15 and over 36 drunk convictions:

$x^2 = 0.796$, 1 d.f., $p<.01$

1 to 10 years and over 20 years duration heavy drinking x 25 and under and over 25 drunk convictions:

$x^2 = 13.792$, 1 d.f., $p<.001$

(k)

Duration Morning Drink
(Median: 11.2 years)

Duration Heavy Drink	10 and under		Over 10		Total	
	N	%	N	%	N	%
15 and under	28	54.9	18	17.8	46	30.3
Over 15	23	45.1	83	82.2	106	69.7
Total	51	100.0	101	100.0	152	100.0

[a] N.A. and no morning drink and no heavy drink (79) omitted

$x^2 = 23.9$, 1 d.f., $p<.001$

APPENDIX VII

The age at which heavy drinking commenced in our C.D.O. group compared with various Skid Row or alcoholic populations. These are presented in separate comparisons due to differences in age categories in the respective data.

(a)

Age	C.D.O.		Jellinek[a,b]	
	N	%	N	%
Under 20	39	17.3	15	15.8
20 - 24	54	24.0	23	23.2
25 - 29	58	25.8	21	21.0
30 - 34	38	16.9	21	21.0
35 - 39	24	10.7	8	8.4
40 - 44	6	2.7	8	8.4
45 - 49	4	1.8	1	1.1
50+	2	.9	1	1.1
Total	225	100.1	98	100.0

$x^2 = 1.70$, 4 d.f., Not significant

[a] Members of Alcoholics Anonymous

[b] "Loss of control of drinking" was Jellinek's term in the Grapevine questionnaires. This term he agreed, in personal communication was similar to our term "heavy drinking".

(b)

Age	C.D.O.	Bogue[a]
	Percent	Percent
Under 20	17	28
20 - 34	67	53
35 - 44	13	15
45+	3	4
Total N	(225)	(3,876)

$x^2 = 12.766$, 3 d.f., $p<.01$

[a] Skid Row drinkers

[b] $p<.001$, C.D.O under-represented in "under 20" group.

[c] $p<.001$, C.D.O. over-represented in "20 - 34" group.

(c)

Age	C.D.O.		Straus[a]	
	N	%	N	%
Under 20	39	17.3	17	21.0
20 - 24	54	24.0	23	28.4
25 - 29	58	25.8	14	17.3
30 - 39	62	27.6	16	19.7
40+	12	5.4	11	13.6[b]
Total	225	100.1	81	100.0

$x^2 = 10.490$, 4 d.f., $p<.05$

[a] 201 homeless men in New Haven of whom all but 24 were excessive drinkers.

[b] $p<.01$, C.D.O. under represented in "40+" group.

(d)

Age	C.D.O.		Feeney, et al[a]	
	N	%	N	%
Under 20	39	17.3	4	8.9
20 - 29	112	49.8	21	46.6
30 - 39	62	27.6	17	37.7
40+	12	5.4	3	6.7
Total	225	100.1	45	99.9

$x^2 = 3.106$, 3 d.f., Not significant

[a] 50 chronic drunkenness offenders in Washington, D.C.

APPENDIX VIII

Alcoholism symptoms: their sequence of occurrence; and the age at which they occurred in relation to age at onset of heavy drinking.

(a)

Occurring First

Paired Symptoms	Morning Drinking		Shakes		Blackouts		Decrease Tolerance		Same Period		Total[a]	
	N	%	N	%	N	%	N	%	N	%	N	%
A. Morning Drinking Shakes	59	45.7	11	8.5	-	-	-	-	59	45.7	129	99.9
B. Morning Drinking Blackout	64	51.2	-	-	22	17.6	-	-	39	31.2	125	100.0
C. Morning Drinking Decrease Tolerance	77	87.5	-	-	-	-	-	-	11	12.5	88	100.0
D. Shakes Blackout	-	-	39	31.5	31	25.0	-	-	54	43.5	124	100.0
E. Shakes Decrease Tolerance	-	-	61	71.8	-	-	3	3.5	21	24.7	85	100.0
F. Decrease Tolerance Blackout	-	-	-	-	55	61.1	6	6.7	29	32.2	90	100.0
Total[b]	200		111		108		9		213			

[a] Totals equal less than actual number of cases experiencing respective symptoms due to single symptom cases being omitted.

[b] Totals equal more than actual number of cases experiencing respective symptoms due to duplication.

(b)

Age at which Alcoholism Symptom Occurred in Relation to Age at Onset of Heavy Drinking[a]

Symptom	Significance[b]	Remarks
Loss of Control	$p<.001$	Early heavy drinkers over-represented in early loss of control, and vice versa.
Morning Drinking	N.S.	Early heavy drinkers showed no difference from late heavy drinkers in respect to age at first morning drink.
Blackouts (alcoholic amnesia)	$p<.001$	Early heavy drinkers over-represented in early onset of blackouts.
Shakes (tremors)	$p<.001$	Early heavy drinkers over-represented in early onset of tremors.
Decrease in Tolerance	$p<.001$	Early heavy drinkers over-represented in early onset of decrease in tolerance.

[a] Median age used in this analysis.

[b] Chi-square contingency test.

APPENDIX IX

Initial drinking experience: age at which the first drink was taken and the persons with whom it was taken.

Original Drink Associates	Age First Drink						
	11 - 15	16 - 20	21 - 25	Over 25	Total		Mean
					N	%	
Parents and Siblings	5	3	-	1	9	4.0	16.3
Adolescent Peers	40	44	-	-	84	37.3	15.6
Military Associates	5	15	2	1	23	10.2	17.8
Work Associates	6	23	6	3	38	16.9	18.8
Adult Friends	3	29	11	4	47	20.9	19.7
Alone	8	10	2	4	24	10.7	19.3
Total	67	124	21	13	225	100.0	

APPENDIX X

Parental drinking behaviour; whether the parents both drank, both abstained or one drank and the other abstained is shown in relation to their attitudes towards drinking; mothers' and fathers' drinking habits are compared; and parents' drinking habits are examined in relation to the type of criminal career of the C.D.O.s. Also parents' attitudes related to C.D.O.s' age at heavy drinking.

(a)

Parents' Drinking Habits and Attitudes

Habits	Attitudes							
	Positive[a]		Negative		Discordant		Total	
	N	%	N	%	N	%	N	%
Both drank	51	56.0	5	11.6	20	29.9	76	37.8
Both abstained	4	4.4	25	58.1	9	13.4	38	18.9
Discordant	36	39.6	13	30.3	38	56.7	87	43.3
Total	91	100.0	43	100.0	67	100.0	201[b]	100.0

$x^2 = 62.1$, 4 d.f., $p<.001$

[a] Neutrals combined with positive

[b] N.A. and others (30) excluded

(b)

Drinking Habits

Mothers' Habits	Fathers' Habits							
	Heavy		Moderate		Abstainer		Total	
	N	%	N	%	N	%	N	%
Heavy	14	21.9	3	3.1	-	-	17	8.4
Moderate	20	31.3	40	41.7	4	9.3	64	31.5
Abstainer	30	46.9	53	55.2	39	90.7	122	60.1
Total	64	100.1	96	100.0	43	100.0	203	100.0

$x^2 = 42.5$, 4 d.f., $p<.001$

[a] N.A. (28) not included

(c)

Criminal Career

Parents' Drinking	Drunk only		Petty Offender		Minor Criminal		Serious Criminal		Total	
	N	%	N	%	N	%	N	%	N	%
Both drank	8	22.9	10	23.2	47	49.0	12	41.4	77	37.9
Neither drank	12	34.3	11	25.6	11	11.5	5	17.2	39	19.2
Mixed	15	42.8	22	51.2	38	39.6	12	41.4	87	42.9
Total	35	100.0	43	100.0	96	100.1	29	100.0	203	100.0

$x^2 = 17.05$, 6 d.f., $p<.01$

(d)

Parents' Attitudes and Subjects' Age at Heavy Drinking [a]

Parents' Attitudes	Under 25		Over 25		Total	
	N	%	N	%	N	%
Both positive	8	8.8	6	5.7	14	7.1
Both negative	16	17.6	26	24.6	42	21.3
Both neutral	32	35.2	34	32.1	66	33.5
Discordant	35	38.5	40	37.7	75	38.1
Total	91	100.1	106	100.1	197 [b]	100.0

$x^2 = 2.44$, 3 d.f., not significant

[a] Median age is 25.7 years

[b] N.A.s and others omitted

APPENDIX XI

The statistical findings regarding the parental drinking behaviour of various groups when comparisons are made of two groups at a time:

(a)

Populations	Chi Square	Significance
Overall	130.674	p<.001
California Drinking Practices Study x Feeney	52.809	p<.001
California Drinking Practices Study x Pittman and Gordon	44.942	p<.001
Feeney x Pittman and Gordon	10.243	p<.01
California Drinking Practices Study x C.D.O.	34.304	p<.001
Feeney x C.D.O.	69.380	p<.001
Pittman and Gordon x C.D.O.	55.308	p<.001

(b)

Populations	Chi Square	Significance
Overall	102.844	p<.001
Haer x Bogue	67.348	p<.001
Haer x Jackson & Connor	27.956	p<.001
Haer x C.D.O.	46.041	p<.001
Bogue x Jackson & Connor	9.674	p<.01
Bogue x C.D.O.	42.469	p<.001
Jackson-Connor x C.D.O.	7.977	p<.02

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